COUNTY BOROUGH OF SOUTHEND-ON-SEA

REPORT

ON THE WORK OF

PUBLIC HEALTH DEPARTMENT

For the Year 1954

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COUNTY BOROUGH OF SOUTHEND-ON-SEA

HEALTH COMMITTEE

Chairman:
Alderman Mrs. M. Broom.

Vice-Chairman:
Councillor B. S. Clarke, M. P. S.

The Mayor

Alderman Mrs. C. Leyland, O. B. E.	Councillor Mrs. F. Godfree
Councillor F. W. Bacon	Councillor A. E. Hill, J. P.
Councillor E. B. Bunting, Ph. C, M. P. S.	Councillor Mrs. V. Muncy
Councillor Mrs. H. Crawford	Councillor L. C. Pedder
Councillor A. Crush	Councillor Mrs. G. Poole
Councillor Mrs. W. M. Dalwood	Councillor S. A. Telford

Co-opted Members:

B. F. Allen, Esq. J. P.	Mrs. L. A. Lewis
Dr. M. R. Hunt	

CARE, AFTER-CARE AND WELFARE SUB-COMMITTEE

The Council Members of the Health Committee, together with Mrs. A. E. Jarvis, B. F. Allen, Esq. J. P. and Revd. J. D. Mann, M. A.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE

The Council Members of the Health Committee, together with Mrs. A. E. Jarvis, Miss M. E. Reay, C. B. E., J. P. and Dr. M. R. Hunt.

RESIDENTIAL ACCOMMODATION SUB-COMMITTEE

The Council Members of the Health Committee, together with Mesdames A. E. Jarvis, F. E. Monk and L. A. Lewis.

JOINT HEALTH AND EDUCATION COMMITTEE

Chairman: Councillor B. S. Clarke, M. P. S.

Vice-Chairman: Alderman Mrs. M. Broom.

The Mayor

Alderman Mrs. C. Leyland, O. B. E.	Councillor A. E. Hill, J. P.
Councillor F. W. Bacon	Councillor L. W. Johnson
Councillor E. B. Bunting, Ph. C., M. P. S.	Councillor A. V. Mussett
Councillor A. Crush	Miss M. E. Reay, C. B. E., J. P.
Councillor L. C. Pedder	Mrs. S. S. Sylvester

ANNUAL REPORT

I have the honour to report, in conformity with the Ministry of Health circulars 1/54 and 28/54, on the work of the Public Health Department during 1954.

Your vital statistics continue to afford grounds for satisfaction. The infantile mortality rate, at 17.78 per thousand live births, although slightly higher than in the previous year, is nevertheless substantially below the average for the country as a whole and is eloquent of the standard of infant care which obtains in your area. The mortality from pulmonary tuberculosis continued to fall, and the total of 14 deaths, equivalent to a rate of 0.09 per 1,000 population, is the lowest ever recorded in Southend.

Happily, the year passed without any unusual incidence of infectious disease.

Several important developments took place: with the closure of the Ministry of Food offices, local authorities were required to take over the responsibility for the distribution of welfare foods and this was accomplished with smoothness and economy. The Day Occupation Centre for mental defectives opened at the beginning of the Summer term and has made a most promising start. It would be difficult to exaggerate all that this venture has meant to the children who attend and to their parents.

At the beginning of the Autumn term we were able to inaugurate what we hope may be a most important development in protection, namely, the provision of B.C.G. vaccination for children during their fourteenth year.

In conclusion, may I say that to all the Committees whom I serve, and to all my staff, I continue to be as deeply indebted as ever, and the opportunity of expressing my thanks for all the obligations of which I am so sensible is most gratefully accepted, as is the opportunity of presenting some account of the diverse and far-reaching activities of a department which I believe continues to stand well in the estimation of the public.

J. Stevenson Lolan.

MEDICAL OFFICER OF HEALTH.

VITAL STATISTICS, 1954

POPULATION

Census 1951	151,830
At mid-year 1954, as estimated by Registrar General	154,200
At mid-year 1939, as estimated by Registrar General	137,800

			SOUTHEND-ON-SEA	England and Wales	London Administrative County
			Rates per 1,000 Population		
Births: Live					
Total ...		2,025	14.05*	15.2	15.24
Males ...	1,038				
Females ...	987				
Births: Still					
			Rates per 1,000 Total Births		
Total ...		29	14.12	24.0	19.8
Males ...	14				
Females ...	15				
Deaths:					
			Rates per 1,000 Population		
Total ...		1,987	10.18*	11.3	10.68
Males ...	980				
Females ...	1,007				
Deaths from:					
Whooping Cough		-	-	0.01	0.00
Diphtheria		-	-	0.00	0.00
Respiratory Tuberculosis		14	0.09	0.16	0.18
Influenza		2	0.01	0.19	0.02
Acute Poliomyelitis		-	-	0.01	0.00
Pneumonia		91	0.59	1.93	0.48
Cancer of lung and bronchus		70	0.454	0.369	0.537
Males	58		0.831	0.657	0.943
Females	12		0.142	0.102	0.181
Deaths from all causes under 1 year of age					
			Rates per 1,000 Live Births		
Total ...		36	17.78	25.5	20.7
Males ...	24				
Females ...	12				
Deaths from Enteritis and Diarrhoea under 2 years of age		2	0.99	0.88	0.47
Women dying in, or in consequence of, childbirth					
			Rates per 1,000 Total Births		
Total ...		2	0.97	0.69	0.66

NOTE 1. The rates marked * are adjusted rates, being calculated by multiplying the "crude" rates by comparability factors, namely. Births 1.07 Deaths 0.79

2. The rates for England and Wales are based by the Registrar General on the quarterly returns and are "provisional."

POPULATION

The estimated mid-year population, at 154,200, is 1,400 more than mid-1953.

BIRTHS

There were 2,025 live births, 24 fewer than in 1953 and 47 fewer than in 1952. The expectation that there would be no significant variation in the total of births was again fulfilled.

The total illegitimate births, 107, was 11 fewer than in 1953 and 29 fewer than in 1952.

STILLBIRTHS

The welcome decline in the stillbirth rate continues.

The 29 stillbirths registered during the year were 5 fewer than in 1953. The rate per thousand total births declined from 16.32 to 14.12.

DEATHS

The number of Southend residents who died during the year was 1,987 as compared with 2,118 in the previous year. The male total mortality was 980, being 23 more than in 1953, while the female total fell from 1,161 to 1,007. The improvement in the rate is due wholly to the *improved experience of females over the age of 65.*

Tuberculosis

There were 14 deaths from pulmonary tuberculosis, 11 males and 3 females. This total, five fewer than last year, is very satisfactory, the rates per 1,000 being 0.09 as compared with 0.16 in England and Wales.

Cancer

There were 352 deaths (186 males and 166 females) being 35 fewer than in 1953. The 43 deaths from cancer of the female organs (breast 31 and uterus 12) balance the excess of male mortality (58 as compared with 12 female) from cancer of the lung.

Vascular Lesions of the Nervous System

There were 331 deaths (121 males and 210 females) from these causes.

Heart Diseases

There were 659 deaths (334 males and 325 females) from this cause. Of these 544 (males 259 and females 285) were over the age

of 65. Coronary disease and angina accounted for 328 deaths (males 212 and females 116), hypertension with heart disease for 44 (males 16 and females 28) and other forms of heart disease 287 (males 106 and females 181).

The mortality of 1954 from heart disease conformed very much to the pattern of 1952, the intervening year presenting a sharp increase in female deaths, from cardiac causes, over the age of 65. As compared with 1953 there were 17 fewer female cardiac deaths at ages 65–75, and 49 fewer deaths from this cause at ages over 75.

Violence

Motor vehicle accidents caused 22 deaths, (13 males and 9 females), of these, 3 male and 6 female deaths were aged 65 and over. There were 2 deaths between 5–15 years, 3 between 15 and 25, and 8 between 45 and 65.

All other accidents cost 35 lives, (18 males and 17 females) being 10 more than in the previous year. A rise occurred from 15 to 21 in the number of deaths from suicide; of the 10 male deaths, 1 was in the 15–25 age group, 1 was aged 25–45, 4 were between 45 and 65, 3 were aged 65–75 and 1 was over 75 years. The female suicides were 3 in the age group 25–45, 6 aged 45–65 and 2 over 65.

Infant Mortality.

There were 36 deaths in the first year of life, 2 more than in 1953. This is at the rate of 17.78 per thousand live births as compared with the national rate of 25.5. It was hardly to be expected that for a third year in succession we would be able to show a record low rate in Southend-on-Sea and, indeed, it would have been surprising if last year's record of 16.59 deaths per thousand live births had been equalled or surpassed. To have lost so little ground at this point is, of itself, a cause for some satisfaction.

Maternal mortality

There were again 2 deaths from maternal causes and the rate of 0.97 per thousand total births is once more *above* the national rate which has further declined to 0.69 per thousand.

Deaths of Children of School Age

There were 6 deaths of children aged 5–15, all of whom were boys. Only one child died from disease, the other five came to violent ends.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical and Dental Staff: Whole time.

James Stevenson Logan, M.B., Ch.B., D.P.H., Medical Officer of Health; Principal School Medical Officer.

John Conway Preston, M.R.C.S.,(Eng.), L.R.C.P.(Lond.), D.P.H., Deputy Medical Officer of Health; Deputy Principal School Medical Officer.

John Greenhalgh, M.B., B.S.(Lond.), M.R.C.S.(Eng.), L.R.C.P., D.A., Assistant Medical Officer of Health; School Medical Officer.

Dorothy Kirby Paterson, M.B., B.S., M.R.C.S.(Eng.), L.R.C.P. (Lond.), D.P.H.(Lond.), Assistant Medical Officer of Health; School Medical Officer.

Dorothy Irene Klein, M.B., Ch.B., D.Obst.R.C.O.G., Assistant Medical Officer of Health, School Medical Officer. Appointed 8.2.54.

Edgar Crees Austen, L.D.S., R.C.S.(Eng.), Principal School Dental Officer.

Kenneth Ballantyne, L.D.S., R.C.S.(Eng.), Assistant School Dental Officer. Appointed 4.1.54.

Medical Staff and Dental Staff: Part time.

Flora Bridge, M.B., B.S., F.R.C.S., Obstetric Adviser, Consultant Obstetrician and Medical Supervisor of Midwives.

E.G.Sita-Lumsden, M.A., M.D.(Cantab.), M.R.C.P., M.R.C.S., Consultant Physician for Tuberculosis.

Joan Lydia Lush, M.B., B.S., B.Sc., M.R.C.S.(Eng.), L.R.C.P. (Lond.), Medical Officer, Southchurch Infant Centre.

Mary Cecilia Maley, B.A., M.B., B.Ch., B.A.O., Medical Officer, Westcliff Infant Clinic and locum tenens Shoeburyness Infant Clinic.

Thomas Lee, M.A., M.R.C.S., L.R.C.P., Medical Officer, Leigh Infant Clinic.

Katherine Grice, M.B., B.S., M.R.C.S., L.R.C.P.(Eng.), Medical Officer, Southend Infant Centre until 28.12.54. (Paediatric Registrar, General Hospital, Southend-on-Sea).

G.Thornton Dudley, M.B., B.Ch., Medical Officer, Southend Ante-Natal Clinic.

Ronald Salter, L.D.S., R.C.S.(Eng.), Assistant School Dental Officer. Appointed 1.2.54.

Principal Lay Officer, Chief Clerk and Ambulance Officer:
Ernest A. Beasant.

Health Visitors and School Nurses:
Superintendent: Miss E. M. M. Roberts (a), (b), (cc), (h).
Miss K. M. Burnett (a), (b). Retired 14.7.54.
Miss M. N. Withams (a), (b) (cc).
Miss D. E. Stevens (a), (b), (c), (d).
Mrs. A. M. Hart (a), (b), (c), (e).
Miss F. L. Blackbourn (a), (b), (c).
Miss M. K. Lock (a), (b), (c).
Miss B. M. James (a), (b), (c). Resigned 31.10.54.
Mrs. J. M. Fairfax (a), (Ib), (c), (i).
Mrs. U. MacGrath (a), (b), (c), (h).
Miss L. M. Marshall (a), (Ib), (c). Resigned 31.10.54.
Miss M. Jagger (a), (b), (c), (d). Appointed 11.1.54:
Resigned 30.11.54.
Miss M. Brennan (a), (b), (c), (d). Appointed 18.1.54.
Miss J. M. Gaillard (a), (Ib), (c). Appointed 26.7.54.

Student Health Visitors under Training:
Miss L. M. Millow (a), (Ib). Appointed 20.9.54.
Miss B. A. Russell (a), (b). Appointed 20.9.54.

Tuberculosis Health Visitors:
Mrs. E. E. Rowden-Roberts (a).
Mrs. C. M. Wilson (a), (b), (c).

Municipal Midwives:
Miss K. Boosey (b).
Mrs. F. D. Etherington (b).
Mrs. C. M. Eggleston (b).
Miss A. M. Kerswell (b).
Miss W. M. Randall (a), (b).
Mrs. P. Priest (b).
Miss R. Hodges (b).
Miss I. G. Prince (a), (b).
Mrs. C. M. Guildford (a), (b).
Mrs. S. A. Franklin (a), (b).
Miss D. Bicknell (a), (b). Resigned 24.10.54.
Miss O. M. Cooper (a), (b).

District Nurses:

Full-time Staff:
Superintendent of District Nurses and Midwives,
Miss D. G. Head (a), (b), (c), (d).

Deputy Superintendent of District Nurses and Midwives,
Miss G. M. Willcocks (a), (b), (c), (d), (h).

Miss C. Gallehawk (a).
Mrs. R. R. Clark (a), (d).
Miss F. Poskitt (a).
Mrs. A. L. Ventris (g).
J. Guildford (a), (d).
E. Stephenson (a), (d).
Miss W. M. Haines (a).
D. C. Pepper (a), (d).
F. J. Sinn (a), (d).
Miss V. H. Hart (a), (d).
Miss I. M. Davis (a), (b), (d). Resigned 16.11.54.
Miss W. M. Bartlett (a), (b), (d).
Miss S. M. Cosham (a), (d).
Miss B. J. Adcock (a), (b).
Miss B. E. Bourdon (a), (Ib). Appointed 11.1.54. Resigned 30.4.54. Re-appointed 29.11.54.
Miss J. King (a). Appointed 28.6.54. Transferred to part-time staff 18.10.54.
Miss A. Citarella (a), (Ib). Appointed 25.9.54.
Miss S. P. Gillians (a), (b), (d). Appointed (trainee) 1.5.54. Appointed to staff 12.9.54.
Miss V. A. Hicks (a), (Ib). Appointed 8.11.54.

Part-time Staff:

Mrs. V. M. Baker (a), (b).
Mrs. G. D. Lines (a), (d).
Mrs. F. V. Monk (a), (b).
Mrs. M. Taylor (a), (b), (c).
Mrs. C. Cumberland (a).
Mrs. A. Hillman (e).
Miss H. Maddox (a).
Mrs. I. Beckwith (a).
Mrs. B. Brown (a).
Mrs. A. Ayres (a).
Mrs. C. Jolly (a).
Mrs. E. B. Beckwith (a).
Mrs. G. Garforth (a).
Mrs. S. K. Murphy (a). Resigned 3.9.54.
Mrs. D. M. McCrea (a).
Mrs. I. L. French (a).
Mrs. D. E. Dawson (a). Resigned 14.4.54.
Mrs. M. Walters (a).
Mrs. K. Waller (a). Appointed 4.5.54.
Mrs. R. Blake (a). Appointed 16.8.54.
Mrs. J. Smith (née King) (a). Transferred from full-time staff 18.10.54.

a = State Registered Nurse
Ib = Part I, Midwifery Certificate
b = State Certified Midwife
c = Health Visitor's Certificate
cc = Battersea Polytechnic Health Visitor's Diploma
d = Queen's Nurse
e = Certificate of R.M.P.A.
f = State Registered Mental Nurse
g = State Enrolled Assistant Nurse
h = State Registered Fever Nurse
i = Diploma in Social Studies, University of London

Chief Sanitary Inspector:

R.A.Drake, B.E.M., M.R.S.I. (j), (k).

Deputy Chief Sanitary Inspector:

A.C.Arnold (j), (k).

Assistant Sanitary Inspectors:

E.A.Smith, (j), (k).
R.E.Williams, (j), (k). Resigned 28.2.54.
A.E.Riches, (j), (k).
P.Adams, (j), (k).
A.G.Nightingale, (j), (k).
S.B.Brook, (j), (k).
G.L.Cline, (j). Appointed 14.7.54. To National Service 4.11.54.
A.J.Page, (j). Appointed 1.11.54.
D.G.Paterson, (j), (k). Appointed 8.11.54.

Pupil Sanitary Inspectors:

D.J.Gwynn
C.W.Daws. Resigned 11.5.54.
J.H.Bullock. Appointed 23.8.54.
M.E.Salmon. Appointed 9.8.54.
B.White. Appointed 23.8.54.

Rodent Officer:

G.Reynolds. Appointed Housing Survey Assistant 5.8.54.
G.Wheeler. Appointed 5.8.54.

j = Certificate of R.S.I. and Sanitary Inspectors Joint Board.
k = Certificate of R.S.I. for Inspection of Meat and other Foods.

Home Teachers to the Blind:

Miss N.G.Westby, Certificated Home Teacher.
Mrs.E.Perry, Certificated Home Teacher. Appointed 25.5.54.

Mental Deficiency Officer:

Miss M.A.Brock, Social Studies Certificate, University of London.

Duly Authorised Officers:

E. W. Smith.
G. Dawson

Supervisor of Home and Domestic Helps

Mrs. F. E. M. Goddard

Superintendent of Connaught House:

W. L. Jones

Matron of Crowstone House:

Mrs. F. M. Ratcliffe

Supervisor of Occupation Centre:

Miss V.E.W.Hodgson. Appointed 7.4.54.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Service with local authorities continues to decline in the estimation of likely entrants. Current difficulties of recruitment began to manifest themselves about twenty years ago when a decline in the number of applicants for posts, particularly Health Visitors and Sanitary Inspectors, was noticed. There are many, anxious for social progress, who conceive their main obstacle to be lack of financial means, whereas it is the limited supply of those who by ability and education can do the things which require to be done. The insatiable appetite, in these days of full employment, of industry and commerce alike, has diverted many promising candidates from the public service which needs them as never before. Pension schemes and generous sick pay arrangements are now common-place, and in many other respects service with local authorities is at a disadvantage when compared with other alternative employments.

Failure to attract sufficient entrants of good quality leads inevitably to dilution, thus adding to the responsibilities of the more senior officers, who form a group which has enjoyed even less generous salary increases than those in the lower ranks while the real purchasing power of their incomes is, in common with their professional colleagues, less than it was before the war. The fact that they are no longer young and have commitments, both family and private, discourages, if it does not preclude them seeking alternative and more lucrative employment. Unconsciously the local government service is today exploiting the loyalty and relative immobility of this group; while its knowledge and experience remain available the organisation will continue to operate satisfactorily although it will tend to run down. In the long view, however, the prospects for the service are distinctly alarming unless there can be a complete and realistic re-appraisal of the conditions which obtain today.

The readiness of employers to provide extensive and varied schemes of training is evidence that recruitment has become a major concern of industry. Local government cannot afford to lag behind, and it is therefore gratifying to report that this authority's approach has been sympathetic and generous. The scheme for the recruitment and training of pupil sanitary inspectors which owes so much to the imagination, and leadership of the chief sanitary inspector, Mr. Drake, has been an outstanding success, and if it had been possible to retain the services of the excellent young men who have been trained, the department would have been in a very happy position. This experience undoubtedly influenced the decision to sponsor health visitor training too. In September two students began full time training and by the end of the year another three were making arrangements to begin their course in January 1955.

The vacancy caused by the resignation of Dr. Catherine Ross was filled by the appointment of Dr. Dorothy I. Klein, an Edinburgh graduate who had had extensive obstetric and paediatric experience.

Rather unexpectedly it was possible to appoint a whole time assistant school dental officer, Mr. Kenneth Ballantyne, and a part-time dental officer, Mr. Ronald Salter. Dr. Katherine Grice, paediatric registrar, General Hospital, Southend-on-Sea followed her predecessor, Dr. Joan Frankton, as medical officer of the Southend Infant Centre and remained with us until the end of the year.

By retirement we lost the services of Miss K. M. Burnett who, appointed in 1924, had served for nearly thirty years as health visitor and school nurse and can truly be described as a stalwart pioneer of maternity and child welfare work in this area. During most of her service her district included the Sutton Road housing estate in which she rapidly acquired an influence and authority which partook of the legendary. Miss Burnett devoted her life to public health nursing because her experience of the "district" in the dock-yard town of Devonport showed her the opportunities for prevention. This, she never forgot, was the real aim of health visiting, and her patient, firm teaching will continue to bear fruit with the succeeding generations.

Miss B. M. James and Miss L. M. Marshall resigned on being commissioned in the Q. A. R. A. N. C.

Miss M. Brennan and Miss M. Jagger were appointed health visitors and school nurses at the beginning of the year, the latter resigning at its close to become matron of a mother and baby home, a work in which she had been primarily interested for a long time.

There was one change in our domiciliary midwifery staff, Miss D. Bicknell being compelled to give up this work on account of family responsibilities. Her place had not been filled by the end of the year.

We lost the services of Mr. R. E. Williams, a sanitary inspector who joined the staff in 1939, on appointment as a specialist housing inspector in a London borough at a greatly enhanced salary. It is pleasant to be able to pay tribute to the consistently good service which Mr. Williams had rendered since his appointment here.

Mr. G. L. Cline, a former pupil sanitary inspector, who had justified his high promise during his training, qualified in July and was appointed assistant sanitary inspector until he departed on National Service in November. We look forward to his return when his service is completed.

It was possible to increase the number of home teachers to the blind to two, by the appointment in May of Mrs. E. Perry.

With the opening of the Occupation Centre Miss V. E. W. Hodgson was appointed supervisor, and Mrs. P. I. Kirby as her assistant.

ADMINISTRATION

PUBLIC HEALTH ACTS, 1936 etc.
NATIONAL HEALTH SERVICE ACTS, 1946-52
NATIONAL ASSISTANCE ACTS, 1948-51

The Council's Public Health functions are carried out by the Health Committee which, in addition to the duties ordinarily assigned to a Committee so titled, is responsible also for the authority's functions, under the National Assistance Act 1948, (Section 50 excepted).

The Health Committee is formed of 15 members of the Council together with 3 co-opted members, representing the Southend Group (No. 15) Hospital Management Committee, the Southend Local Executive Council and the Southend Local Medical Committee respectively. With the exception of matters specifically delegated to its 3 Sub-Committees, the Health Committee deals directly with all the duties referred to it. The Sub-Committees are,

Maternity and Child Welfare Sub-Committee
Care, After-care and Welfare Sub-Committee
Residential Accommodation Sub-Committee

Each Sub-Committee consists of the whole of the Council members of the Health Committee, together with 3 co-opted members who have special experience of the work assigned to the respective Sub-Committees.

The Maternity and Child Welfare Sub-Committee deals more specifically with the ante-natal and post-natal clinics, the infant welfare ntres, the domiciliary midwifery service and the home help scheme.

The Care, After-care and Welfare Sub-Committee deals with prevention, ter-care, rehabilitation and convalescence and the welfare of handipped persons.

The Residential Accommodation Sub-Committee's duties are to be ferred from its title.

With the exception of some matters concerned with the enforcement statutory requirements and bye-laws, the granting of licences and e effecting of registrations, the Health Committee has no delegated wers, nor has any substantial difficulty been caused by their absence.

The Medical officer of health is generally responsible for control, pervision and co-ordination of the services, his deputy is more rticularly concerned with the school medical service, infectious seases, the mental deficiency section and general assistance with ministration. The principal lay officer supervises the ambulance rvice, the domestic help scheme, all administrative aspects of after-re, welfare and residential accommodation, as well as dealing with e general work of the department.

There is a superintendent health visitor, a superintendent of home rsing who also supervises the domiciliary midwifery service, and a pervisor of domestic help. There is no senior nursing officer charged th the overall co-ordination of these services, the responsible ctional heads being encouraged, and indeed expected, to secure equate co-operation and mutual help at their own levels. So far, ese arrangements have proved to be both economical and fully adequate.

PENDITURE.

Local Health Services statistics 1953/54, prepared by the Institute Municipal Treasurers and Accountants and the Society of County Treasurers.

For all County Boroughs the average total net expenditure per 1,000 pulation was £843.15s.0d being £13.16s.0d more than in 1952/53. Southend sts rose from £546.4s.0d to £581.14s.0d, an increase of £35.10s.0d.

As has been pointed out previously, the great disparity, i.e. 62.1s.0d per thousand population, between the average cost in County roughs and in Southend is partially due to the non-provision of day rseries which cost an average of £90.11s.0d per thousand population. other marked difference, in respect of mental health, will largely sappear when the costs of the Occupation Centre, opened in 1954, me into account in subsequent years. If from the County Borough erage is deducted the average expenditure on these two items, it will seen that your costs are only £566.2s.0d per thousand population compared with the amended national average of £708.12s.0d.

Averages often conceal very interesting groupings and disparities. the tables which follow, for each of the costs analysed, the nber of County Boroughs in each range of expenditure is shown.

1953/4

ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION - 83 COUNTY BOROUGHS

"S" indicates group in which Southend occurs.
"A" indicates group in which average occurs.

Care of Mothers and Young Children

Child Welfare Centres		*Other expenditure, inc. Maternity Sets*		*Midwifery*		*Health Visiting*	
Group	No. in Group	Group	No. in Group	Group	No. in Group	Group	No. in Group
Up to £29	**12 S**	Nil	5	Up to £29	3	Up to £29	8
£30 - £39	10	Up to £4	14	£30 - £39	5	**£30 - £39**	**10 S**
£40 - £49	20	**£5 - £9**	**19 S**	£40 - £49	3	£40 - £49	11
£50 - £59	13 A	£10 - £14	17	**£50 - £59**	8 **S**	£50 - £59	19
£60 - £69	11	£15 - £19	10 A	£60 - £69	9	£60 - £69	15 A
£70 - £79	9	£20 - £24	8	£70 - £79	12	£70 - £79	9
£80 - £89	3	£25 - £49	8	£80 - £89	9 A	£80 - £89	6
£90 - £99	1	£50 & over	2	£90 - £99	12	£90 - £99	1
£100 & over	4			£100 - £124	12	£100 & over	4
				£125 - £149	5		
				£150 & over	5		
Average £58 11s. Southend £27 8s.		Average £18 15s. Southend £8 1s.		Average £87 12s. Southend £53 17s.		Average £61 2s. Southend £33 2s.	

Home Nursing		*Vacc. & Imm.*		*Ambulance Services*		*Prev. of illness etc.*	
Group	No. in Group	Group	No. in Group	Group	No. in Group	Group	No. in Group
Up to £24	-	**Up to £4**	**28 S**	£50 - £74	1	Up to £9	7
£25 - £49	5	£5 - £9	33	£75 - £99	2	£10 - £19	23
£50 - £74	16 **S**	£10 - £14	11 A	**£100 - £124**	**15 S**	**£20 - £29**	**25 S**
£75 - £99	**25 A**	£15 - £19	7	£125 - £149	20	£30 - £39	10 A
£100 - £124	20	£20 - £24	2	£150 - £174	17 A	£40 - £49	13
£125 - £149	12	£25 & over	2	£175 - £199	15	£50 - £59	1
£150 - £174	1			£200 - £224	7	£60 - £69	1
£175 - £199	3			£225 - £249	5	£70 - £79	1
£200 & over	1			£250 & over	1	£80 - £89	1
						£90 & over	1
Average £96 7s. Southend £95 11s.		Average £10 6s. Southend £3 10s.		Average £157 11s. Southend £120 10s.		Average £34 2s. Southend £27 11s.	

Domestic Help		*Administrative Costs*	
Group	No. in Group	Group	No. in Group
Up to £24	7	£30 - £39	1
£25 - £49	17	£40 - £49	1
£50 - £74	24	£50 - £59	5
£75 - £99	11 A	£60 - £69	4
£100 - £124	**7 S**	**£70 - £79**	**6 S**
£125 - £149	8	£80 - £89	14
£150 - £174	5	£90 - £99	11 A
£175 - £199	-	£100 - £109	9
£200 - £224	3	£110 - £119	9
£225 - £249	-	£120 - £129	6
£250 & over	1	£130 - £139	5
		£140 - £149	9
		£150 - £159	-
		£160 - £169	1
		£170 & over	2
Average £78 17s. Southend £116 18s.		Average £94 5s. Southend £78 3s.	

UNIT COSTS – STAFF ONLY (EXCLUDING ADMINISTRATION)

Child Welfare Centres		*Midwifery*		*Health Visiting*		*Home Nursing*		*Domestic Help*	
Cost per attendance		Cost per case		Cost per visit		Cost per visit		Cost per case	
Group	No. in Group	Group	No. in Group	Group	No. in Group	Group	No. in Group	Group	No. in Group
Up to 1/-	5	£6 – £7	2	1/- – 1/11	5	1/- – 1/11	1	£5 – £9	2
1/- – 1/11	**17 S**	£7 – £8	3	**2/- – 2/11**	**10 S**	2/- – 2/11	15	£10 – £14	14
2/- – 2/11	24	£8 – £9	9	3/- – 3/11	24	**3/- – 3/11**	**46 S**	£15 – £19	18
3/- – 3/11	17 A	£9 – £10	14	4/- – 4/11	16 A	4/- – 4/11	17 A	£20 – £24	22 A
4/- – 4/11	10	£10 – £11	7 S	5/- – 5/11	19	5/- & over	4	**£25 – £29**	**15 S**
5/- – 5/11	6	**£11 – £12**	**10 A**	6/- – 6/11	6			£30 – £34	6
6/- – 6/11	1	£12 – £13	15	7/- & over	3			£35 & over	6
7/- & over	3	£13 – £14	8						
		£14 – £15	4						
		£15 – £16	5						
		£16 – £17	–						
		£17 – £18	2						
		£18 – £19	2						
		£19 – £20	–						
		£20 – £21	1						
		£21 & over							
Average 3s. 5d		Average £11 6s. 0d		Average 4s. 6d		Average 3s. 4d		Average £23 8s. 0d	
Southend 1s. 4d		Southend £11 1s. 0d		Southend 2s. 3d		Southend 3s. 2d		Southend £25 7s. 0d	

The comment of the Borough Treasurer is as follows:-

"Net Rate Borne Expenditure per 1,000 of population. In 1953/54 Southend lost its position as the County Borough with the lowest cost and is now the third lowest.

Domestic Help - Cost per 1,000 of population. Only 20 of the 83 County Boroughs have a higher cost than Southend, the average cost being £78 17s. 0d. In 1952-53 only 17 County Boroughs had a higher cost than Southend.

Domestic Help - Cost per Case. The total unit cost for Southend is £25 8s. 0d as compared with an average of £23 13s. 0d, that is 7% above average. There are 26 County Boroughs with a higher cost per case than Southend but in 1952-53 there were 37 County Boroughs with a higher cost per case."

It will be observed that the instance where your average expenditure per thousand population is above the national average is domestic help.

It is to be expected that the cost of the domestic help service will be high, and will further increase. It is provided for old persons who require help for a long time. To arrive at a proper comparison our population should be assumed to be 203,000 and not 152,000 because the larger figure is the size of the population in which our number of people over the age of 65 would ordinarily be found. It would be fair, therefore, to reduce our average cost per thousand by the fraction $^{152}/_{203}$ or by approximately one-quarter.

The cost per case is also higher than the national average. This too is only to be expected because of the *length of time* for which old people require to be helped.

Welfare Services Statistics 1953/54

		All County Boroughs	*Southend-on-Sea.*
Persons accommodated on night of 1st January, 1954.	(Residential Accomm.	22,692	403
	(Temporary ,,	1,971	-
	(Per 1,000 Population	1.80	2.64
Persons on register at 31st March 1954	(Blind Persons	33,567	440
	(Deaf and Dumb Persons	9,587	-
Analysis of Net Expenditure and Grants per 1,000 Population		£ s. d	£ s. d
Total Residential Homes		220 11 0	303 0 0
Total Temporary Accommodation		7 18 0	- - -
Total, Residential and Temporary Accommodation		228 9 0	303 0 0
Special Welfare Services	(Blind persons	58 1 0	10 11 0
	(Other Services	7 19 0	2 0
Other Expenses		61 10 0	44 2 0
Total Net Expenditure chargeable to Rates and Grants		361 3 0	362 6 0
Welfare Service Grants		16 9 0	3 5 0
Net Rate borne Expenditure		344 14 0	359 1 0

For all County Boroughs the average total net expenditure per 1,000 population was £361 3s. 0d, being £**20 2s. 0d** more than in 1952/53. Southend costs rose from £307 15s. 0d to £362 6s. 0d, an increase of £**54 11s. 0d**, due mainly to the opening of Crowstone House, for 55 residents, on 1.4.53.

The comment of the Borough Treasurer is as follows:-

"*Residential Homes - Cost per 1,000 population. Out of 83 County Boroughs the average is £220 11s. 0d, and for Southend £303. There are 26 County Boroughs spending more per 1,000 of the population than Southend, a year previously the figure was 36. In comparing these costs I note from the information in the return that there were only 16 County Boroughs with a greater number of persons accommodated on the night of 1st January 1954 than Southend.*

Residential Homes over 50 persons - Cost per resident week. Of the 29 County Boroughs with these large homes 10 have a lower cost than Southend. In 1952-53 only 8 had a lower cost.

Residential Homes - Average cost per resident week, all Homes. The cost tables show that in 1953/54, of the 78 Boroughs, 25 had a lower average cost than Southend. In the previous year only 13 had a lower average cost.

Net Rate Borne Expenditure per 1,000 of population. The cost of £359 1s. 0d is 4.1% above the average for all County Boroughs. In the year 1952-53 the cost was 6.2% **below** *the average. This adverse movement would appear to be mainly due to the increased number of persons accommodated plus the increased cost of maintenance.*"

As regards the number of persons accommodated on the night of January 1st, the Treasurer's comment should be ample rejoinder to those who tend to minimise what has already been done. In spite of the relatively high number of persons accommodated, there is still a need for more accommodation. In this matter too the costs and numbers can appropriately be reduced by approximately one-quarter. It is to be expected that the cost of your residential homes will increase as overcrowding is abated, and a higher standard of staffing and amenity provided.

The National Health Service Act, 1946, Part III.

SECTION 22. CARE OF MOTHERS AND YOUNG CHILDREN.

Clinics.

INFANT CLINICS. These were held at 2.15 p.m. as under.

Shoeburyness:
Council Offices, High Street. Doctor's Clinic 1st and 3rd Tuesdays. Health Visitor's Clinic on other Tuesdays.

Leigh-on-Sea:
70 Burnham Road. Mondays and Thursdays.

Southend-on-Sea (Southend and Southchurch):
Municipal Health Centre. Mondays, Tuesdays, Thursdays and Fridays.

Eastwood:
Eastwood Baptist Church Hall, 2nd and 4th Fridays - Health Visitor's Clinic.

Westcliff:
St. Andrew's Church Hall. Doctor's Clinic, Wednesdays; Health Visitors' Clinic, Fridays.

North Avenue:
Ferndale Road Baptist Church, Wednesdays - Health Visitors' Clinic.

Manners Way:
St. Stephen's Church. Tuesdays - Health Visitor's Clinic.

Thorpe Bay:
St. Audrey's. 1st and 3rd Fridays - Health Visitor's Clinic.

Blenheim:
St. James's Church Hall. Alternate Wednesdays - Health Visitor's Clinic.

National Dried Milk and Vitamin preparations supplied by the Ministry of Food, as well as proprietary brands of dried milk, were on sale at all infant welfare sessions.

Particulars of attendances are:-

	Southend	Southchurch	Leigh	Shoebury	Eastwood	Westcliff	Manners Way	North Ave.	Thorpe Bay	Blenheim	Total
No. of sessions held ...	104	98	99	49	24	104	50	50	23	25	626
No. of individuals who attended and who at the end of the year were-											
Under 1 ...	216	224	236	94	25	315	89	117	32	75	1423
Aged 1 year ...	171	192	181	83	14	292	78	105	22	49	1187
Aged 2 to 5 ...	175	281	257	91	3	206	46	45	20	20	1144
Total attendances of-											
Infants under 1	3104	3418	3495	1528	249	5256	1247	1928	348	745	21318
Children aged 1 year ...	513	650	545	361	31	773	108	205	93	114	3393
Children aged 2 to 5 ...	438	539	489	279	27	605	87	191	91	95	2841
No. of children aged 1 to 5 subjected to routine medical inspections ...	241	414	314	76	-	329	-	-	-	-	1374

Packets of National Dried Milk distributed totalled 12,527 of which 100 were supplied free of charge.

Vitamin Preparations:-

Cod Liver Oil	...	4,749
Fruit Juice, Orange	...	20,074
Vitamin Tablets	...	1,650

It has been the policy of the Health Committee to establish Health Visitors' Clinics where the need, and tolerable premises, exists. In this way best use can be made of the understaffed health visitor service which current housing developments require to be spread over ever larger areas.

These clinics afford opportunity to young mothers for social intercourse, a very important matter to many of them who find the comparative isolation of a home in an unfamiliar district a very marked change from the interests of the employment in which they were formerly engaged.

The statistics show that the trends previously noted have, in general, continued this year. The number of individual children who attended, and the total number of attendances made, continued to decline, and our failure to attract the mother of the young toddler and the pre-school child is again only too apparent.

It is only to be expected that the coming generation of mothers, who will have been accustomed to a free health service during their adolescence and adult life will look more to their family doctors for advice and reassurance, and less to the clinics. The younger generation of doctors whose training is at last showing signs of the impact of the doctrine of prevention upon a curriculum which has been almost wholly orientated towards curative medicine is alive to its opportunities and responsibilities in this matter. Nevertheless one is confident that there will still be a place for the infant clinics in the world of tomorrow, provided that those who are responsible for them ensure that, in a rapidly changing society, they too alter to meet the needs of the times.

While some of the decline in clinic attendances is without doubt due to causes mentioned, the shortage of health visitors is a contributory factor of considerable importance because any cessation of their routine visits discourages prompt and regular attendance.

The number of individual children under one year in attendance at the clinics was 1,423 and the total live births 2,025 from which it will be seen that still over two thirds of the children born in any one year are likely to attend a clinic at least once.

Attendances at the Westcliff Clinic have not followed the prevailing trend, for the number of individual children under

the age of one who were presented there increased for the second year in succession. Both infant welfare and ante-natal attendances here continue to demonstrate the importance of the provision of good facilities and once more give point to what has been said in previous reports about the needs of this area.

The distribution of National Dried Milk and Vitamin supplements through your clinics continued throughout the year, particulars being given in the section describing the new arrangements which followed the closure of Ministry of Food Offices.

Proprietory dried milks continued to be in demand in spite of the significant difference in price between the State and the commercial article, and during the year 3,021 tins and packets, 275 less than in 1953 were sold.

ANTE-NATAL CLINICS.

Municipal Health Centre: Monday, 9.15 a.m.; Tuesday, 9.15 a.m.; Wednesday, 2 p.m.; Thursday, 9.15 a.m.; Friday, 9.15 a.m.

Leigh Clinic, 70 Burnham Road: Tuesday, 2 p.m.; Friday, 2 p.m.

Westcliff Clinic, St.Andrews Church Hall, Electric Avenue: Wednesday, 9.15 a.m.

Shoeburyness Clinic, Council Offices, High Street: Monday, 2 p.m. (On 2nd and 4th Mondays in each month only).

The arrangements for ante-natal care remained without major alteration during the year, a somewhat precarious equilibrium being maintained between the hospital, the general practitioner and your services.

To dwell on the precariousness of this balance is not to overlook the good will and co-operation which the service enjoys, and without which it could not work. The prime object, to secure the highest level of attention for the expectant mother, can only be obtained if there is a fundamental unity in the service, and uniformity of both method and outlook. The administrative divisions which exist must be recognised but they do not preclude functional unity if another basis for this can be found. Before 1948, the Committee had appointed the consultant obstetrician as its obstetric adviser, and had made available its clinics and personnel for the instruction of pupil midwives. These arrangements have continued and at the present time some clinics are conducted by the consultant herself, others by hospital medical and midwifery staff, and yet another by general practitioners, and staff drawn wholly from this department. There remains a common portal of entry into this ante-natal system, and inter-clinic referrals are made with the greatest of ease. The attendance of the domiciliary midwives at the clinics, and the presence there of the health visitors too, unifies the service and makes for the more adequate supervision of the former, which is one of the duties of the consultant.

The part played by the general practitioner in the maternity service has undergone progressive change during the past six years, and there is considerable variation in the methods selected for the supervision of his patients during pregnancy.

For mothers whose ante-natal supervision is not wholly the responsibility of our clinic services, we seek to make the latter complementary to the work of the family doctor, and so give to patient and general practitioner alike, the utmost freedom of choice.

The arrangements are not without their disadvantages one of the most important being the demands made on the time of medical and nursing staff travelling between the clinic and the hospital. This burden is made the heavier by the attempts which have been made to take the service to the patient, as is evidenced by the number of clinic sessions held each week and their geographical location. Medical staff from Registrars downward changes with disconcerting frequency, as does the midwifery personnel, and thus some of the clinics suffer some loss of continuity, and few bear the firm impress of a personality long associated with them.

It would also be idle to deny that hospital personnel are usually rather "hospital minded" and often regard the domiciliary service as one which could, with advantage, be replaced by a more comprehensive institutionalisation of mothers, whereas we consider the hospital should be primarily the place which provides the facilities, not available at home, which the individual mother or her baby may require. When hospital and local authority staff work together in the same clinics they do much to re-orientate and correct each other's views, thus while we benefit from being carried along on the tide of clinical progress, the hospital doctor and midwife come to have a clearer appreciation of the social implications of their work.

During the year there were held 436 ante-natal sessions at which 1,814 individual mothers, that is 126 fewer than during 1953, made a total of 10,100 attendances as compared with 10,668.

Attendances at the Council's clinics were as shown below:-

	Southend	*Leigh*	*Westcliff*	*Shoebury*	*Total*
No. of sessions held	256	105	52	23	436
No. of individual expectant mothers	1169	409	130	106	1814
No. of attendances of expectant mothers	6429	2259	909	503	10100

VIRUS INFECTIONS DURING PREGNANCY.

The department continued to co-operate in this enquiry which is sponsored by the Ministry of Health, and aims at establishing the nature of the relationship, if any, between maternal virus infections early in pregnancy and the development of congenital defects in the resultant infant.

BLOOD EXAMINATIONS.

Dr. D. C Caldwell, director of pathology, informs me that all specimens of blood taken from patients in attendance at your clinics are now examined at the Rochford General Hospital laboratories the only specimens investigated at the General Hospital Southend being those submitted from the specialist ante-natal clinic there. The serum of a patient with specific infection usually produces positive reaction to both the Wassermann and the Price's Precipitation tests, and the invariable laboratory practice of performing the double test on all specimens gives a clear indication as to which of the positive Wassermann results can be attributed to non-specific factors. Both patients returning positive reactions to the two tests received appropriate treatment.

Ante-Natal Haemoglobin Estimations during 1954 - 1397 tests.

Haemoglobin gms. %	Under 7.5	7.5-8.1	8.2-8.9	9.0-9.6	9.7-10.4	10.5-11.2	11.3-12.0	12.1-12.6	12.7-13.3	13.4-14.1	14.2-14.8	14.9 +
% Haemoglobin using 14.8 as average, i.e. Revised Haldane	Under 51	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	100+
No. of tests	3	7	13	52	94	179	409	265	232	97	44	2
% of each group	.2	.5	.9	3.7	6.7	12.8	29.3	19.0	16.6	7.0	3.2	.1

Notes: (1) Expression of Haemoglobin concentration as grammes per cent., is the only way by which comparisons of different sets of figures can adequately be made.

(2) Wide variations of Haemoglobin concentration occur normally, but 14.8 gms.% is usually regarded as an average figure for adults.

(3) In pregnancy the total volume of the blood is increased disproportionately with respect to the number of red blood cells and its haemoglobin content. In consequence, lower concentrations of haemoglobin are usual, and values as low as 10.4 gms.% (70% Haldane) can be accepted as being within the limit for the normal.

(4) Taking this into account it will be seen that 11.5% of our patients can be considered anaemic.

Wassermann and Prices Precipitation Reaction and Rhesus Factor Tests, 1954

No. of tests made	W.R. and P.P.R. Negative	W.R. and P.P.R. Positive	W.R. Positive and P.P.R. Negative	No. of tests made	Rh. Positive	Rh. Negative
1338	1326 99.1%	2 0.15%	10 0.75%	1331	1100 82.64%	231 17.36%

POST-NATAL CLINICS.

	Southend	*Leigh*	*Shoebury*	*Total*
No. of individual mothers who attended	567	184	62	813
Total attendances of mothers	903	257	66	1226
Total no. of sessions of Post-Natal Clinics	52	105	23	180

The post-natal clinics could become one of the most valuable provisions made for the mothers of this generation, and it is therefore disappointing to report that 73 fewer patients made use of these facilities than in the previous year. There were 2,054 births to Southend residents and after making allowance for multiple pregnancies it can be assumed that at least 2,000 women could have been examined post-natally. Only 813 or about 41% attended these clinics. The financial regulations governing the payments for maternity medical services require the general practitioner to carry out a post-natal examination. It would be preferable if the regulations could be amended so as to provide that the patient is examined at a suitable time after her confinement, and to leave it to the individual doctor and patient to decide by whom, and where this should be done. In my previous report I suggested that there were good reasons why these examinations should be carried out by specialists and some patients seem to share this view because a not unsubstantial minority subject themselves to a double examination, one that the letter of the law may be fulfilled, and the other to meet their own wishes in the matter.

A Maternity Service is only complete if a woman is restored to full functional integrity, and surely the first step to attaining this end is to ensure that there is unanimity about what constitutes this restoration

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN.

Report of Mr.E.C.Austen, Principal Dental Officer.

In 1954 the dental staff was increased and from 1st February there was the equivalent of two and a half dental officers operating. A second dental clinic at Burnham Road Centre, Leigh, was brought into operation: it serves the western end of the borough and saves tedious journeys into Southend.

As the routine inspection and treatment of school children had fallen into arrears because of past staffing difficulties, it was not possible to offer full-scale inspection to the Maternity and Child Welfare service. However, there was a pleasing increase in the conservative treatment of the mothers and young children, 45 fillings being inserted as against 11 in 1953. The total number of patients inspected under the Maternity and Child Welfare Scheme increased from 176 in 1953 to 216 in 1954. Dentures were provided for 12 mothers, as against 7 the previous year.

The Southend General Hospital continued to afford facilities for radiographical examinations to the Maternity and Child Welfare service.

(a) Numbers provided with dental care:

	Examined	Needing Treatment	Treated	Made Dentally fit
Expectant and nursing mothers	61 (43)	61 (43)	61 (43)	51 (43)
Children under Five ...	155 (132)	155 (132)	155 (132)	140 (132)

(b) Forms of dental treatment provided:

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and nursing mothers	10 (–)	17 (11)	– (–)	– (–)	64 (65)	44 (40)	3 (3)	9 (4)	– (–)
Children under Five	– (–)	28 (–)	– (–)	– (–)	245 (243)	137 (135)	– (–)	– (–)	– (–)

Comparable figures for 1953 are given in brackets.

NURSING HOMES.

Two new nursing homes were registered during 1954; one certificate of registration was surrendered during the year.

Homes on Register at end of year		No. of beds provided for		
		Maternity	Other	Total
32 Crowstone Avenue	*Aylward*	–	9	9
78 Valkyrie Road	*Belvedere*	–	4	4
41 Crowstone Road	*Craigowan*	–	6	6
31 Ailsa Road	*Hayesleigh*	4	–	4
24 Stirling Avenue	*Highlands*	3	–	3
21 Victor Drive	*Highview*	–	7	7
174 Kings Road	*Leigh*	–	10	10
98 Crowstone Road	*Lodge*	–	14	14
71 Wimborne Road	*Oak House*	–	18	18
26 Western Road		2	–	2
278 Southbourne Grove	*Wincille*	–	4	4
		9	72	81

No. of inspections made during the year: 12.

UNMARRIED MOTHERS AND THEIR CHILDREN.

In general the community is disposed to give the unmarried mother a growing sympathy but little else. As has been indicated in previous reports, residential care is now needed for only a small proportion of these women, but when requisite, it should satisfy modern standards. As a building, the present mother and baby home has little to commend it save a certain convenience of access. The efforts of the Southend-on-Sea Branch of the Chelmsford Moral Welfare Association to raise funds for a new home have received little support, and although it was announced that St. Monica's would be closed by the middle of 1955 and a small number of people entered into covenants to subscribe to the building fund, the progress made is disappointing to those who have this project most at heart.

When one reflects upon the vast variety of enterprises upon which voluntary effort will embark, and the enthusiasm and devotion which some causes evoke, one can only marvel that the claims of the unmarried mother receive such scant attention. Most of the women who are helped are work people – if they did not need to earn a living they would not often require the assistance of this association – and yet there is no disposition for their organisations to take the slightest interest in this work.

Accommodation was provided under the Council's proposals as follows

St. Monica Diocesan Shelter	...	16 mothers for a total of 824 days.
Diocesan Maternity Home, Coggeshall	...	2 mothers for 169 days.
Chelmsford Moral Welfare Association	...	1 mother for 94 days.
Hostel of the Good Shepherd, Colchester	...	1 mother for 59 days.
St. Joseph's Mother and Baby Home, Grayshott	...	1 mother for 135 days.

INFANT MORTALITY.

It would have been unreasonable to hope that the low record of **16.59** infant deaths per 1,000 live births returned for 1953 would have been equalled or reduced in the following year, nevertheless there are reasons for satisfaction with a rate which, at **17.78**, is only higher by 1.19 per 1,000.

This figure is to be compared with 25.5 per 1,000 for England and Wales, and 20.7 per 1,000 for the Administrative County of London.

Preventive medicine cannot claim all credit for this continuing and spectacular saving of infant life, for, when all is said and done, the infant mortality rate is but a sensitive index of social progress. It has, nevertheless, played an important part, not only directly, but also in identifying and demonstrating the desirable objectives of social policy.

It is no doubt true that even had there been no public health department in Southend-on-Sea, the infant mortality rate would have fallen from those grim peaks, between 100 and 200, which cast their long shadows in the early days of the century, but as our figures are consistently lower than the national or metropolitan rates, perhaps we can claim some of the credit. The gap between these various rates must inevitably close - a process which will accelerate: we hope, however, that we can maintain our lead for a long time yet.

During the first week of life the total mortality was 20, the same as in the previous year, but in the next three weeks it rose from 2 to 7. Deaths in the next forty-eight weeks were reduced from 12 to 9, so that on balance there were 36 as compared with 34 deaths within the first year.

Deaths under 1 year by age groups were:-

Under 24 hours	...	12
24 hours - 1 week	...	8
1-2 weeks	...	4
2-4 weeks	...	3
Total Neonatal Mortality		27
1-3 months	...	2
3-6 months	...	6
6-9 months	...	1
9-12 months	...	-
		36

Following a practice of several years' standing, an attempt has been made to assign to each infant death the real, as distinct from the immediate, cause. The following table sets out the adjusted findings.-

Cause	No.
Atelectasis	1
Respiratory infections ...	5
Congenital defect ...	7
Prematurity	13
Blood disorders	1
Accidents attendant upon birth	3
Accidental asphyxia ...	3
Gastro-enteritis ...	1
Inattention at birth ...	1
Bilateral adrenal apoplexy	1
	36

The total of respiratory conditions remained small, 6 as compared with 4 last year: congenital defects and prematurity were each 2 higher than before - the total of 20 accounting for more than half the mortality. The number of deaths from gastro-enteritis fell from 3 to 1, while accidents of births and accidental asphyxia claimed 6 lives, one less than last year.

Stillbirths

There were 29 stillbirths, 2 fewer than in 1953. The rate per 1,000 total births fell from 16.32 to 14.12: for domiciliary confinements attended by municipal midwives it was 5.3, a rise of 1.1, while the hospital rate continued its decline, this time from 23 2 to 19.3 Two babies were stillborn at home, their mothers being without any skilled assistance whatever.

No fewer than 15 of the stillbirths are recorded as being premature: there were 3 anencephalic infants, two of whom were premature.

The mothers of the 6 infants born outside of hospital had no adequate ante-natal clinic supervision, in fact, only one of them attended once during her pregnancy.

Prematurity

The following statistical table requires no additional comment.

Weight at birth	Premature Live Births									Premature Stillbirths		
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
3 lb 4 oz or less	13	4	3	2	2	–	4	–	4	3	1	–
Over 3 lb 4 oz up to and including 4 lb 6 oz	18	3	15	1	–	1	2	–	2	4	–	–
Over 4 lb 6 oz up to and including 4 lb 15 oz	28	–	28	3	–	3	–	–	–	2	1	–
Over 4 lb 15 oz up to and including 5 lb 8 oz	44	–	43	11	–	11	3	–	3	3	1	–
Totals	103	7	89	17	2	15	9	–	9	12	3	–

Deaths of Children Aged 1 - 5 years.

There were 8 deaths, 6 male and 2 female in this age group, as compared with 7 in the previous year; the disparity between the sexes is customary.

Causes

Acute broncho pneumonia	M	1
Gastro-enteritis	M	1
Aplastic anaemia	F	1
Drowning - homicide	F	1
Drowning - accidental	M	1
Appendicitis	M	1
Tracheo-bronchitis	M	1
Cerebral tumour	M	1

Age Groups

1 - 2	3 deaths
2 - 3	1 death
3 - 4	3 deaths
4 - 5	1 death

Distribution of Welfare Foods

Responsibility for the distribution of welfare foods, namely, National Dried Milk, Cod Liver Oil, Concentrated Orange Juice, and Vitamin "A" & "D" Tablets, to mothers and children was transferred on the 28th June, 1954, from local offices of the Ministry of Food to Local Health Authorities, as a duty under Section 22 of the National Health Service Act, 1946.

The convenience of the public requires the distribution of these items from a considerable number of points, an arrangement which could well be grossly extravagant of staff and premises. A reasonable compromise between convenience and economy appeared possible if the facilities which would remain after the closing of the Ministry of Food offices could be supplemented, mainly by increasing the distribution from the Municipal Health Centre, and securing the co-operation of more retail traders in those areas which were ill-served at that time.

In the event, the Committee was able to make arrangements of this kind, so that distribution is effected from:

The Municipal Health Centre.
13 weekly sessions at 9 Infant Welfare Clinics.
W.V.S.Headquarters, 40 Victoria Avenue, Southend.
12 retail traders, as follows:
Priory Drug & Photographic Stores, 347/349 Victoria Avenue, Southend.
Mr.M.R.B.Blackmore, (Chemist), 229 Hamstel Road, Southend.
Hamstel Drug Stores, 343 Hamstel Road, Southend.
Mr.C.P.Howells, (Chemist), 235 Woodgrange Drive, Southend.
Wendy's (Children's Wear), 413 London Road, Westcliff.
Somerset Pharmacy, 84 Bridgwater Drive, Westcliff.
Mr.W.B.Kerr, (Druggist), 400/404 Station Road, Westcliff.
Mr.R.H.Codner, (Chemist), 117 Rectory Grove, Leigh.
Elm Drug Stores, 92, Elm Road, Leigh.
Belfairs Chemists, 327 Eastwood Road North, Leigh.
Messrs.French & Berry, (Chemists), 13 Rayleigh Road, Eastwood.
Mr.J.H.Parks, (Chemist), 72 West Road, Shoeburyness.

SECTION 23. MIDWIFERY.

Work of the Municipal Midwives.

Miss D. Bicknell, appointed in May 1953, resigned in October 1954 in order to undertake part time nursing work, which would enable her the better to discharge her obligations to her family. The resulting vacancy in the establishment remained unfilled until the end of the year. Mrs. Guildford and Mrs. Priest attended refresher courses for midwives.

Motor Cars

That seven out of eleven midwives now provide a motor car and receive the appropriate mileage allowance is satisfactory, for there are substantial advantages to the patient and the service in this arrangement.

Your domiciliary midwives attended at the deliveries of 743 mothers, being 42 more than in 1953. This increase in the number of babies born at home is not the result of any change of outlook on the part of the generality of the mothers. More women than can be accommodated in the hospital's maternity unit apply for admission there. The reasons are various and often multiple, housing difficulties, the absence of a relative or friend to act as "home help", financial considerations, (it is still cheaper to enter hospital than arrange for a home confinement), fear, the advice from most influential quarters that all "first" babies should be born in hospital and the example of the socially successful classes, all play their part in making the prevailing climate of opinion.

Notwithstanding the multiplicity and complexity of the "surveys" undertaken in the field of social medicine, the writer knows of no large scale objective comparison of the end-results, medical, emotional and social, of domiciliary with institutional confinements. This information is needed so that hospital boards, the midwives and doctors, and above all, the mothers may be properly advised and guided about a matter which in more primitive societies is rightly regarded as of high cultural significance.

The L.H.A. issued free 937 sterilised maternity packs for use at other than hospital confinements; the contents conform to the recommendations of the Ministry.

Number of deliveries attended by Municipal Midwives during 1954

	Doctor present at time of delivery	*Doctor not present at time of delivery*	*Total*
Doctor booked	97	216	313
Doctor not booked	12	418	430
	109	634	743

Relief of Pain

Concerning this, as indeed in many other aspects of medicine, there are differences of opinion. There are those who believe that fear produces pain in labour and prolongs it, while some hold that pain has other than these emotional causes, and rely on the effective use of analgesics. There can be little doubt about the beneficial effects of good ante-natal education, and women who can be made confident both in themselves and their attendants fare much better than those who distrust themselves and those around them. Ante-natal physical education conducted by enthusiastic teachers of considerable personality has proved a very valuable adjunct and it is to be regretted that because of circumstances beyond our control this work remained in abeyance during the year.

All your midwives have been trained in the administration of gas and air analgesia, and the proportion of mothers afforded this rose from 69.4% to 80.9%. The results are not uniformly satisfactory, for on a sample of 350 completed deliveries the midwives assessed relief as being, "complete" in 26.8%, "considerable" in 68.6% and as "unsatisfactory" in less than 5%.

During the year Pethidine was added to the list of drugs which your midwives can use on their own initiative, when acting as "midwives". For some time past it had been increasingly the practice of general practitioners to arrange for a midwife to obtain a supply of this drug for an individual patient and to give general instructions as to its use. Under this system, proper control of the supply of the drug was impracticable, a matter of concern when the possibilities of addiction were fully realised. Another disadvantage lay in the fact that the "doctor's" patient could look for this relief while the mother who had not engaged the services of a medical practitioner was denied it.

Midwives may now have in their possession only the Pethidine which they have obtained by a "supply order" signed by the medical officer of health or a person authorised by him. This "supply order" has to be filled by a pharmacist, the medical officer being precluded from making any issue to the midwife, be she a member of his staff or not. General practitioners have been requested not to issue prescriptions for the drug but to rely on the supplies which the midwife has obtained on her own account.

In consequence of these new arrangements a local health authority is required to supply Pethidine free for use by its staff whereas previously it could be obtained at the cost of the National Health Service via the local executive council. The additional cost involved is however a small price to pay for the improved control now enforceable over this drug of addiction and the protection afforded to midwives.

MIDWIVES ACT 1951

Work of Local Supervising Authority

Notice of intention to practise was given by 22 midwives, three of whom worked in private domiciliary practice and five in nursing homes: between them they attended 910 mothers. Of the 14 midwives in the employ of the Local Health Authority, two were the superintendent of the domiciliary midwifery service and her deputy, the remaining 12 being employed as whole-time domiciliary midwives.

MEDICAL AID UNDER 14(1) OF THE MIDWIVES ACT 1951

Medical aid was summoned on 83 occasions, or in 11.2 per cent. of cases attended by midwives, an increase of 0.5 per cent. on last year.

MATERNAL MORTALITY

Losses in the First World War seem to have had some effect in arousing an interest in the saving of lives firstly of infants and then of their mothers, and since that time much attention has been paid to the prevention of maternal mortality. From our records it is possible to review the progress made during 34 years. Thanks to the sulpha drugs, the anti-biotics and to improved teaching, assisted, one may reasonably add, by the unceasing administrative attention paid to its prevention and control, sepsis has ordinarily ceased to take any appreciable toll of our mothers.

Our maternal mortality was particularly bad in 1941 and 1942 when most of our civilian population were evacuated, and many of the deaths which occurred took place away from Southend, although they were properly attributed to this area for statistical purposes.

Matters have been very different during the last ten years, which cover the period of the final development of the Maternity Unit at Rochford Hospital, for the endeavours we have made have been rewarded, but while maternal deaths continue to occur, they must challenge all our efforts at prevention.

The last two years in Southend have been slightly disappointing. This tendency is likely to be mirrored a little later in the experience of the country as a whole, as I consider it is not due to any factors which are essentially local in their effect.

The present pattern of the "maternity medical services" which are provided under the National Health Service Act is rather different from what was originally contemplated, and some developments were certainly not foreseen when the original scheme was prepared. There has been a wider participation in maternity

work by the generality of practitioners than was envisaged and a good deal of difference between individual approaches to this work still obtains. It will be some time before the general practitioner, the clinic and the midwife succeed in integrating their efforts to the best advantage for all patients, and until this comes about it would be unrealistic to look for any marked improvement in the admittedly low maternal mortality rates of today.

Particulars of the two deaths which occurred are set out below.

Mrs.M. was the mother of three children, the youngest of whom was aged two. When pregnancy had lasted for about 9 weeks, the patient developed a sore throat, and two days later was admitted to hospital on account of uterine haemorrhage. There was no improvement following conservative treatment of threatened abortion, and replacement of blood, so the day following admission, manual removal of the products of conception was carried out, difficulty from haemorrhage being experienced. Next day, following operation, the patient began to show a progressive jaundice. Death occurred one month after admission. Post mortem cultures from the lung and blood produced staphylococcus pyogenes, and death was attributed to toxaemia associated with staphylococcal septicaemia and septic pulmonary infarct as a result of uterine infection associated with spontaneous abortion.

Mrs.E. was the mother of a child born ten years previously. When she attended the Ante-Natal Clinic at the end of 18 weeks gestation, she was noted to suffer from tachycardia, which condition was investigated by the consultant physician without any organic reason being found for the condition. During pregnancy there was no evidence of toxaemia although after the 7th month hydramnios was noted. The first stage of labour was slow, the membranes being unduly thick and oedematous. The second stage was terminated by normal delivery. Post partum haemorrhage associated with atonia of the uterus followed, the organ being packed under general anaesthesia in an attempt to arrest bleeding. This measure being unsuccessful, resort was had to hysterectomy, but the patient succumbed fourteen hours after operation.

Maternal Mortality

Comparative rates per 1,000 births (Live and Still)

Year	From Sepsis		Other Causes		Total	
	Southend	*England and Wales*	*Southend*	*England and Wales*	*Southend*	*England and Wales*
1954	–	0.13	0.97	0.56	0.97	0.69
1953	–	0.16	0.96	0.60	0.96	0.76
1952	–	0.16	0.95	0.56	0.95	0.72
1951	–	0.43	–	0.36	–	0.79
1950	0.46	0.12	–	0.74	0.46	0.86
1949	0.41	0.22	–	0.76	0.41	0.98
1948	–	0.29	0.4	0.73	0.4	1.02
1947	–	0.26	0.61	0.92	0.61	1.18
1946	–	0.31	0.68	1.12	0.68	1.43
1945	0.95	0.49	0.95	1.31	1.90	1.80
1944	–	0.60	1.09	1.34	1.09	1/94
1943	0.75	0.73	2.99	1.56	3.74	2.29
1942	1.69	0.8	3.38	1.7	5.07	2.5
1941	2.10	0.8	5.21	2.0	7.31	2.8
1940	1.94	0.8	1.94	1.9	3.88	2.7
1939	–	0.8	1.25	2.2	1.25	3.0
1938	–	0.9	2.56	2.2	2.56	3.1
1937	0.62	1.0	3.74	2.3	4.36	3.3
1936	–	1.4	1.18	2.4	1.18	3.8
1935	0.64	1.7	2.55	2.4	3.19	4.1
1934	0.64	2.0	3.22	2.6	3.86	4.6
1933	1.43	1.8	3.59	2.7	5.02	4.5
1932	2.10	1.6	4.9	2.6	7.0	4.2
1931	0.70	1.7	4.20	2.5	4.90	4.2
1930	–	1.9	2.61	2.5	2.61	4.4
1929	1.44	1.8	3.59	2.5	5.03	4.3
1928	1.99	1.8	1.32	2.6	3.31	4.4
1927	2.17	1.6	2.9	2.5	5.07	4.1
1926	2.55	1.6	3.19	2.5	5.74	4.1
1925	2.62	1.6	1.96	2.5	4.58	4.1
1924	0.69	1.4	2.09	2.5	2.78	3.9
1923	1.35	1.3	1.35	2.5	2.7	3.8
1922	0.65	1.4	3.3	2.4	3.95	3.8
1921	1.22	1.4	2.43	2.5	3.65	3.9

Summary

Years	From Sepsis		Other Causes		Total	
	Southend	*England and Wales*	*Southend*	*England and Wales*	*Southend*	*England and Wales*
1921–1930	14.68	15.8	24.74	25.0	39.42	40.8
Average rate	1.47	1.58	2.47	2.5	3.94	4.08
1931–1940	8.07	13.7	29.13	23.8	37.2	37.5
Average rate	.81	1.37	2.91	2.38	3.72	3.75
1941–1950	6.36	4.62	15.31	12.18	21.67	16.80
Average rate	.63	.46	1.53	1.22	2.16	1.68
1951–1954						
Average rate	–	.22	.72	.52	.72	.74

SECTION 24. HEALTH VISITING.

From time to time letters appear in the Press suggesting that a good deal of health visiting is unnecessary and even wasteful. The writers sometimes go so far as to say that many health visitors could, with advantage, return to nursing in hospitals and so do something to relieve staffing difficulties there. The medical practitioners who hold these views form a small minority which grows smaller each year, and in contrast, there are many doctors who would like to make an increased use of the health visitors, associating them more closely with general practice, if only they had sufficient time to do this.

The health visitor's importance is seen most clearly in areas where, as in Southend-on-Sea, Public Health and Welfare are the concern of a single department for here the family is becoming as important to her as the individual child. This evolution demands a new standard by which to measure the need for health visitors, as the more comprehensive her duties, the fewer the families she can look after.

Our social fabric is being rudely assailed by the tempests of this age. The growth of larger and larger towns - one cannot properly describe them as communities, for they are inimical to much which makes a community, - the increased freedom with which people can change their places of work and residence, the smaller families of today, the increased expectation of life, and the spreading belief that the individual responsibilities can be transferred to an impersonal and anonymous "State", unite only to disintegrate.

While the old sanctions and old beliefs which gave the society of yesterday cohesion and strength grow weaker each year, instinctively we labour to rear new bulwarks against the tides of barbarism which never flowed more strongly than at present. Our schools are becoming our main defence, but they are reinforced by the social services which owe their inspiration to the same liberal and humane traditions which inform our educational system.

The work of the health visitor is not to be measured solely by the health teaching which is her prime function. Both in the welfare centres and the individual home she helps to break down the loneliness in which many people now exist, she brings reassurance to the anxious and guides the deployment of the resources of the health department where they are most needed. The relief which human beings derive from being able freely to discuss their troubles and worries, is an important factor in preserving and promoting mental health. To many mothers the health visitor is a discreet and wise counsellor to whom they may safely unburden themselves.

The toll which social work takes of the social worker should not be underestimated, for one cannot help people without spending oneself, and the more successful the worker the more the demands which are placed upon her.

These reflections have been prompted by a consideration of what the serious gaps in our very slender establishment of health visitors have meant to the service and to its individual members who have been left to carry on.

The western part of the Borough suffered very much. Area 4 lost its health visitor in August 1953 and until the end of October 1954, Miss Marshall looked after it in addition to her own area. To do this she used her own car and sacrificed her own time. Miss Butcher then came back part-time to work in Area 4, but when she was not available, emergency work here had to be undertaken by Mrs. Hart who, in addition to her own district, had to look after the whole of Area 2 which was also without a regular health visitor. She did what Miss Marshall had done, and in addition, until she obtained a driving licence, persuaded her husband to act as her chauffeur.

In Area 5 relief work was undertaken until the end of July by Miss James who also used her own car and worked overtime.

From the end of November until August 1955, Miss Lock looked after Area 1 in addition to her own. Miss Lock had no convenient means of transport and so this additional responsibility imposed a very considerable burden upon her. In addition, she had at short notice to prepare a series of talks in connection with the teaching of parentcraft at Eastwood School, being a duty which had not hitherto fallen to her lot.

While mentioning these more striking examples of heavy and sustained additional duty, willingly and unobtrusively undertaken by these members of the staff, it is only proper to point out that our difficulties affected all the health visitors because relief duty needed to cover holiday periods, absences through sickness and had also to be provided from a smaller number of them. This opportunity of acknowledging what is owed to our health visitors is most gratefully accepted. It is, one hopes, but an outstanding expression of the spirit which animates the whole of the department. The relief with which the prospect of considerable reinforcements from the Council's scheme of sponsored training, must have been viewed, can be readily understood.

The following Table shows few significant changes from last year; they can all be explained by staff shortages. The health visitors have had perforce to concentrate on first things first, and naturally the visits to infants and expectant mothers have

been well maintained. The child between 1 and 5 years has, as is to be expected, suffered most, the number of children in this age group who have been visited fell by 747 or nearly 10% to 6,806, and the number of visits by 2,257 or 13.4% to 14,188.

Work of Health Visitors.

Infants under 1 year	...	First visits	2,062
		Subsequent visits	6,180
Children aged 1-5 years	...	No. of children visited	6,806
		No. of visits paid	14,188
Expectant mothers	...	First visits	1,228
		Subsequent visits	579
Communicable diseases	...	First visits	1,214
		Subsequent visits	945
Nurseries and Daily Minders		First visits	9
		Subsequent visits	142
Special visits	...	First visits	471
		Subsequent visits	140
Tuberculosis	...	First visits	75
		Subsequent visits	4,733

Teaching in the secondary modern schools, the ante-natal clinics and welfare centres has been consolidated and developed so it is now an important feature of your health visitor's work.

That women's organisations are appreciative of talks by the health visitors will be seen from the details set out below:-

February	...	St. Stephen's Young Wives' Group
May	...	St. Andrew's Young Wives' Fellowship
May	...	St. Mary's Young Wives' Group
June	...	Belle Vue Baptist Young Wives' Group (2 talks)
September	...	St. Michael's Young Wives' Group
October	...	St. Luke's Young Wives' Fellowship
October	...	Toc H, (Women's Section) Shoeburyness
October	...	Toc H, (Men's Section) Shoeburyness

The department continues to welcome the opportunity of affording practical experience to student health visitors from the Royal College of Nursing and the S.E. Essex Technical College. The superintendent health visitor devotes considerable care to organising and supervising their instruction, and the students are highly appreciative of the excellent facilities afforded them. The presence of students is always a challenge and a stimulus, a department which undertakes no student instruction is the poorer by it, and we hope that our opportunities in this field will not lessen as time goes by.

Miss B. A. Russell and Miss L. Millow commenced whole-time training as sponsored health visitor students at the Royal College of Nursing on 20.9.54.

The refresher courses which the Council is obliged to provide for each health visitor once every five years are as popular and useful as ever. They are looked forward to with considerable

interest and the staff appreciate being allowed to select the courses which most appeal to them. Miss Stevens attended a course at Liverpool University from September 4th to 18th, and Miss Withams and Miss Blackbourn a University Extension weekend course on the "Problems of Old Age" from April 9th to 11th.

The department has a very special interest in the work of St. Monica, the home for unmarried mothers. It is with special pleasure that one learns of the assistance given voluntarily by some of your health visitors to enable the remaining regular staff of the home to be absent when otherwise leave would have been denied by reason of staff shortages.

SECTION 25. HOME NURSING.

This service continued to develop satisfactorily, much benefit being felt from the appointment of Miss Willcocks as deputy to Miss Head, its superintendent. The Council has, since 1949, made provision for the continuous expansion of this service and during the year, there were employed, exclusive of the supervisory staff 17 whole-time nurses (4 being males) and 19 part-time nurses equivalent to 11 whole-time nurses.

District nursing is a service where the provision of adequate transport facilities is readily reflected in the amount of work which can be undertaken by a single individual. With the growth of injection therapy, involving as it does a large number of visits each of comparatively short duration, the importance of transport is enhanced. It has been your policy to encourage the staff to provide their own mechanical transport and to take advantage of the Corporation's scheme for assistance in purchase Mileage allowances are paid in accordance with national agreements. At the end of the year 4 of your staff received motor car allowances and 2, motor cycle allowances. Three motor cycles were provided from the central transport department together with 1 motor assisted cycle. Twenty-four pedal cycle allowances were paid.

At the end of the year the names of 8 female and 4 male nurses were on the current role of the Queen's Institute. The Committee has always been prepared to sponsor the Queen's training of suitable candidates, particularly those already on its staff. During the year Miss S.P. Gillians and Mr. D.C. Pepper were sponsored for training.

Relations with the Queen's Institute continue to be cordial and close. Alderman Mrs. Leyland, O.B.E., was elected to membership of the Council of the Institute and Alderman Mrs. Broom to membership of its Joint Committee. Your Medical Officer of Health is privileged to be a member of the Council and of its Nursing and Midwifery Sub-Committee as well as the Joint Sub-Committee of Counties and County Boroughs. The visits of the Institute's

supervisory staff are always welcomed and are invariably helpful. Acknowledgment is also gratefully made of the services of the headquarter staff of the Institute who are always most helpful in advising on the problems which arise.

The table which is set out below requires little comment, showing as it does the variety of conditions which your nurses treat and the ever increasing number of nursing visits made.

Classification of Conditions treated	*NO. OF PATIENTS VISITED*					
	1949	*1950*	*1951*	*1952*	*1953*	*1954*
Accident	23	32	36	38	23	27
Amputations	6	10	10	6	8	8
Blood Diseases ...	32	65	79	84	98	116
Bronchitis and Pleurisy	81	103	188	234	290	246
Burns and Scalds ...	20	21	17	25	19	16
Carbuncles, Boils and Abscesses ...	44	167	255	356	252	249
Cardiac and Circulatory Conditions ...	200	309	386	505	587	639
Cerebral Haemorrhage ...	142	150	220	226	216	210
Dental Conditions ...	–	–	21	17	11	16
Diabetes Mellitus ...	142	159	177	186	191	202
Ear, Nose and Throat Conditions	88	178	223	394	321	280
Empyema	–	4	4	1	1	–
Enema (for constipation)	188	205	201	230	249	266
Enema (prep. for investigation)	255	399	470	482	438	454
Eye Conditions ...	13	31	28	35	33	20
Fractures	27	46	32	42	61	45
Gangrene	9	4	13	11	9	6
Gastric Conditions ...	19	32	31	42	19	14
Gynaecological Conditions	45	53	78	80	75	77
Helminth Infections ...	55	64	78	68	52	33
Infectious Diseases ...	5	8	10	11	6	9
Influenza	11	4	15	9	10	6
Injections (for unclassified causes)	20	43	32	43	42	29
Maternity	7	21	42	53	24	17
Miscarriage	13	18	17	17	13	6
Malignant Diseases ...	167	202	229	226	200	170
Nervous Diseases ...	2	–	11	14	10	14
Operations	8	5	9	8	24	31
Orthopaedic	–	1	21	6	10	18
Paralysis (other than strokes)	37	41	45	36	36	45
Pneumonia	90	158	215	206	241	170
Prostatic Conditions ...	66	44	53	50	56	59
Pyrexia of unknown origin	–	–	–	8	16	8
Rheumatic Diseases ...	62	75	80	105	88	94
Senility	135	120	136	142	178	155
Skin Conditions ...	26	36	33	39	41	30
Surgical Dressings ...	92	85	76	78	90	101
Surgical Tuberculosis) Pulmonary Tuberculosis)	22	74	88	56	89	94
Urinary and Renal Conditions	3	31	32	34	40	32
Ulceration of Legs ...	36	38	58	51	53	61
Not classified ...	8	2	17	19	24	15
Total patients	2,199	3,038	3,766	4,273	4,244	4,088
Total visits	56,897	68,739	80,369	87,291	89,607	97,698
Total of whole-time and equivalent whole-time staff	14.5	19	22	24	26	27

SECTION 26 - VACCINATION AND IMMUNISATION.

Vaccination

The arrangements described in previous reports continued without alteration. From the particulars of the work recorded during the year it will be seen that only about 10% of infants born during the year are vaccinated at the Council's clinics.

No. vaccinated by:	*Total*
(a) Private practitioners:	
(i) Primary	616
(ii) Re-vaccinations ...	444
(b) At Council's Clinics:	
(i) Primary	208
(ii) Re-vaccinations ...	5
	1,273

Diphtheria Immunisation

Diphtheria immunisation is increasingly being performed by private practitioners so it is hardly surprising that the numbers of treatments carried out at your clinics has declined. The menace of diphtheria has been forgotten by the general public and is rapidly fading from the memory of the younger practitioners. It will require a very considerable effort, principally on the part of your health visiting staff, before there is likely to be any increased acceptance of this valuable safeguard and until our staff can be strengthened, it would be unreasonable and unrealistic to hope that anything more can be done.

There is a greater awareness of the desirability of immunisation against whooping cough, and when one is satisfied that a suitable antigen is available and can be recommended by the department with confidence, a combined whooping cough and diphtheria prophylactic would possibly best suit our needs.

Number of children who completed a course of primary immunisation during the year:-

	1953	*1954*
(a) At Council's Clinics:		
(i) Children under 5 ...	500	376
(ii) Children 5-14 ...	48	41
(b) By Private practitioners:		
(i) Children under 5 ...	679	921
(ii) Children 5-14 ...	34	52
	1,261	1,390

Number of children who were given a secondary or reinforcing injection:-

		1953	1954
(a)	At Council's Clinics ...	445	259
(b)	By Private practitioners ...	204	192
		649	451

The return relating to the proportion of the child population immunised against diphtheria, as furnished to the Ministry of Health, is reproduced below.

Number of Children at 31.12.54, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1.1.40)

Age at 31.12.54 i.e. Born in Year	Under 1 1954	1-4 1953-1950	5-9 1949-1945	10-14 1944-1940	Under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1950-1954 ...	48	4,059	3,419	595	8,121
B. 1949 or earlier	-	-	4,384	4,744	9.128
C. Estimated mid-year child population ...	1,990 (2.41%)	8,010 (50.7%)	21,700 (60.5%)		31,700 (54.4%)

SECTION 27. AMBULANCE SERVICE

Table A.

Service	Mileage	Patients Carried	Journeys	
			Patient Carrying	Abortive or Service
St.John Ambulance Brigade	77,547	9,472	3,452	204
I.D.Ambulances ...	6,351	1,775	826	48
Sitting-Case Vehicles ...	21,041	11,870	2,042	52
Corporation Car-Pool ...	6,739	250	244	1
Hospital Car Service ...	166,822	35,808	4,427	37
Private Hire Cars ...	739	32	32	-
Corporation Motor Buses	168	102	10	-
	279,407	59,309	11,033	342

(N.B. "Patient" means one patient carried once in one direction. "Journey" means a vehicle's round trip from the place where it normally awaits orders, home to that place.)

The vehicles employed in this service covered 16,759 more miles, carried 5,733 more patients, involving 397 more journeys than in 1953. The St.John vehicles accounted for 4,740 additional miles, 1,103 more patients and 302 more journeys. The calls on the infectious disease vehicles and the sitting case

ambulance were little changed, and there was a reduction of nearly 18% on the use made of the Corporation Transport Pool vehicles, but the Hospital Car Service carried 3,494 more patients involving an additional mileage of 13,073.

Table B 1

Total Mileage	1949	1950	1951	1952	1953	1954
Ambulances:						
St. John Ambulance Brigade ...	71,998	71,615	66,787	70,561	72,807	77,547
Infectious Disease Ambulances ...	6,604	7,933	7,876	6,707	6,442	6,351
Total Ambulance Mileage ...	78,602	79,548	74,663	77,268	79,249	83,898
Sitting Case Vehicles:						
Sitting Case Ambulance ...	–	–	10,490	19,950	21,733	21,041
Hospital Car Service	89,367	126,952	119,622	127,553	153,119	166,822
Corporation Car Pool	4,506	4,501	9,010	9,457	8,205	6,739
Private Hire Cars ...	–	–	388	360	342	739
Corporation Motor Buses ...	–	–	–	–	–	168
Total Sitting Case Mileage ...	93,873	131,453	139,510	157,320	183,399	195,509

There has been a very moderate increase in the demand for the transport of the stretcher patient since the appointed day, which is easily accounted for when one recalls the growing tendency to transfer patients to special units outside our area, and the development of out-patient investigation procedures of all kinds. The pressure on the service has come from the sitting-case type of patient and there is no prospect that this relentless demand will slacken. The administrator can only ensure that proper care is taken in the selection of patients for transport by the service, and that the vehicles are used economically.

The mileage covered and the number of vehicle journeys made have not increased proportionately with the larger number of persons carried, from which it is fair to conclude that administrative control is flexible and adequate.

It is with pleasure that one acknowledges the active interest and concern of the hospital transport officers and the ambulance crews to prevent abuse, as well as the help and understanding which the medical profestion, ordinarily somewhat impatient of administrative considerations which seem irrelevant to the treatment of a patient, extend to us in the discharge of a difficult duty.

The measures taken to limit increased spending on the ambulance service would have been much less effective if from the outset we had not endeavoured to foster the transport of the sick by rail and to educate the public, the nursing and the medical profession to appreciate its undoubted advantages to the patient. Faced with the necessity of travelling on a stretcher over any but the shortest of distances, the knowledgeable individual would unhesitatingly elect to do this by rail, and insist on the appropriate arrangements being made. By rail the journey is made more quickly, in greater comfort, with much less risk of accident and with the opportunity of greater personal attention than is possible by road. Unfortunately the public often concludes that in advising removal by rail we are motivated solely by considerations of economy, whereas it is to be preferred on its own merits. The details given in Table B 2 below demonstrate the success which has been achieved in popularising this alternative to road ambulance transport.

Table B 2

Rail Journeys

	1951	1952	1953	1954
Rail Mileage ...	5,397	7,745	12,361	21,676
No. of Patients ...	98	154	242	492
Cost ...	£41. 19. 3d	£77. 5. 2d.	£111. 10. 11d	£195. 19. 6d

The amounts paid to bodies providing agency services since 1949 are:-

Table C

	1949		1950		1951		1952		1953		1954	
	£	s. d	£	s. d	£	s. d	£	s. d	£	s. d	£	s. d
St. John Ambulance Brigade	4,877	1 2	5,497	18 6	5,330	13 2	8,123	1 4	8,934	7 8	10,413	8 9
Hospital Car Service	2,331	11 9	3,338	12 0	3,202	0 6	3,732	1 3	4,606	14 1	5,036	3 5

The way in which costs have risen is shown by the following particulars.

St. John Ambulance Brigade	*1948*	*1952*	*1953*	*1954*
Accident Service	£1,000 p.a.	£1,137.10.0.	£1,519.10.1.	£1,650
Patients removed to or from General Hospital Southend, or other addresses within the area of the authority	8/6d per case	10/6d per case + 15%	15/9d. per case + 10%	As 1953
Patients removed to or from General Hospital, or Connaught House, Rochford	12/6d per case	15/6d per case + 15%	23/9d per case + 10%	As 1953
Patients removed to or from Runwell Mental Hospital	£1 1s. per case	Mileage basis	2/7½ per mile + 10%	As 1953
Patients removed to or from places outside the area of the authority	1s. per mile	1/9d per mile + 15%		
Hospital Car Service				
Use of Hospital Car Service cars	6¼d per mile	7¼d per mile for first 800 miles per driver per month and 5¼d per mile additional	Cars 8-13 h.p. 7d per mile for first 800 miles during month, 5d per mile for additional mileage. Cars of 14 h.p. and over. 7½d per mile for first 800 miles during month and 5½d per mile for additional mileage.	As 1953

The ambulance Consultative Committee has continued to promote the harmonious operation of a composite service. It is particularly useful in the investigation of complaints and in applying the lessons to be learned from such a salutary procedure. During the year attention was directed to the need for clearer instruction regarding the passing of information to the public and in this connection one acknowledges gratefully the advise and assistance received from the Chief Constable.

SECTION 28. PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

1. TUBERCULOSIS.

Prevention, care and after-care are well co-ordinated with diagnosis and treatment. The consultant physician for tuberculosis advises the medical officer of health concerning the functions for which the local health authority is responsible. Relations between the department and hospital and clinic services are harmonious and cordial at all levels, and existing arrangements could only be bettered within the confines of a single unified service.

Co-operation between services depends ultimately on the opportunities which are offered to individuals for working together. Physical separation is inimical to it and so it is of the utmost importance that the Chest Clinic and the Health Centre are comparatively near one another.

If the Health Committee had not insisted, in face of official discouragement, in adapting premises near the Health Centre, one might have had to give a very different account about co-operation and co-ordination. Organisations seem to possess an inherent instinct towards separatism which grows with the elaboration of the organisation itself, so there are solid grounds for congratulation that our work for tuberculosis is as close knit and integrated as it is.

The work of the case assistant, whose post was first established in 1952, continued to be of great value, but the fact that she dealt with 30 fewer patients who required 116 fewer interviews, sheds an interesting light on the way in which tuberculosis is regressing as a major challenge.

The number of individual patients dealt with was 102 and the 190 interviews recorded relate to:

Training	30
Financial assistance ...	65
Rehabilitation and employment ...	54
Housing	21
Miscellaneous ...	20
	190

The weekly Staff Conference continues to be as useful as ever, but here again there has been some lessening of its work. References for housing fell by 17 to 61, but increased attention was paid to possible sources of infection and more consideration was given to miscellaneous matters.

We are grateful for the careful consideration which the Housing Committee gives to the recommendations of the Tuberculosis Staff Conference. We, in our turn, only regret that the continuing housing difficulty restricts us to recommending what is considered essential, not what would from our point of view be eminently desirable.

Dr. Sita Lumsden, Consultant Physician for Tuberculosis, has kindly commented as follows:-

"*Contact Examination.*

The number of contacts examined during the year was 1,036, of these 514 being contacts of the 83 newly diagnosed cases. One new contact was found to be suffering from tuberculosis; three old contacts were notified during the year with respiratory tuberculosis, and one with renal disease. The total number of contact attendances was 2,426.

Activities of Health Visitors.

The two whole-time County Borough Tuberculosis Health Visitors made a total of 4,808 home visits. Supervision of households where there is an open case of tuberculosis has been maintained very strictly. The number of households in the County Borough where there is a patient excreting myco-bacterium tuberculosis at the end of the year was 86.

Home Nursing.

Although there was no waiting list for admission to hospital, and any patient needing institutional treatment could have a bed at Rochford or Westcliff Hospital at once, domiciliary management of the whole or part of the patient's treatment was nevertheless frequently employed and found to be very valuable. That this was possible we have to thank the Home Nursing Service, who continued to co-operate wholeheartedly with the Chest Clinic and made 3,276 visits to 90 tuberculous patients.

Home Help Service.

There was a fall in the demand for domestic help in the homes of tuberculous patients, but assistance was provided for 12 cases.

Extra Nourishment.

Free milk at the rate of one pint per day was supplied to 81 patients during the year.

B.C.G. Vaccination

(a) Contacts.

One hundred and sixty-five children, contacts of patients suffering from tuberculosis, in most cases a parent, were vaccinated with B.C.G. This is an increase of 46 over the previous year. Segregation of the vaccinated caused no difficulties because the infectious patient can now be admitted to hospital almost without any delay. In dealing with the new-born, it is nearly always possible to arrange for the child to be retained in hospital for vaccination.

The figures for previous years are as follows:-

1950	...	...	...	70	
1951	...	...	...	135	
1952	...	...	...	99	
1953	...	...	...	119	
1954	...	...	...	165	= 588

So far, no child vaccinated with B.C.G. has developed overt tuberculosis. "

(b) School Children. Circular 22/53.

In November 1953 local health authorities were informed that, "The Minister is now prepared to approve the extension of these arrangements" for B.C.G.vaccinations, "so that authorities may offer B.C.G. vaccination to older school children."

The Education Committee gave active interest and support to this important development only stipulating that arrangements should be made to carry out this work with the least possible dislocation to the education of our children.

It was decided that all testing and vaccination should be carried out on school premises and that it should be offered to children in the latter half of their fourteenth year. This involved visiting each of the secondary schools twice during the school year. The consultant physician for tuberculosis was good enough to agree to offer facilities for X-ray examination to all positive Mantoux reactors, and to make available to our staff the records of children presented for vaccination who had come within the purview of the chest clinic.

It may be of some interest to set out in detail the complex administrative arrangements which this scheme involved.

The following explanatory letter incorporating a form of consent is distributed through the schools to all children eligible for B.C.G. vaccination.

PREVENTION OF TUBERCULOSIS. B.C.G.VACCINATION

To Parents and Guardians,

When a child leaves school he enters an adult world with an entirely new set of stresses. He comes into contact with many fresh sources of infection, he often has to spend time and energy in travelling to work and to devote his spare time to further study. It is during these years after leaving school that he is most likely to need additional protection against tuberculosis, which we are now in a position to offer free by means of B.C.G. vaccination.

Not all children require this protection, but we can find those who do by two simple skin tests.

Children shown to require additional protection by B.C.G. vaccination receive one drop of vaccine into the skin at the time the second test is read.

B.C.G. vaccination will not completely protect everyone against the most severe exposure to infection, but those who are vaccinated are much less likely to suffer from tuberculosis than those who need vaccination and do not have it done. Similarly, when, as sometimes happens, vaccinated persons do develop the disease, they suffer much less severely than those who need vaccination and do not have it done.

During the last 20 years, millions all over the world have been protected from tuberculosis by B.C.G. vaccine. In recent years, in Southend-on-Sea, we have been offering vaccination to the new-born infants of tuberculous parents and to small children known to be in contact with the disease, and vaccination has proved to be both safe and reliable.

If, therefore, you decide to give your child the advantage of this additional protection, please complete the application form at the bottom of this letter, returning it to the Head Teacher.

N.B. **Special consideration has to be given to the vaccination of children recently exposed to infection, and it is very important that the questions on the application form should be answered completely.**

Please note that vaccination is at present being offered only to children in the second half of their fourteenth year. If you have younger children they will be offered vaccination when they reach the appropriate age.

The School health records of the children for whom consent forms are returned are scrutinised by the medical officer in charge of this work in order to identify those children whose treatment should be a matter for special consideration. The amount of B.C.G. vaccine required is calculated and the necessary requisitions sent to the Ministry of Health. B.C.G. vaccine requires special care; it has to be requisitioned 21 days before it is needed, its effective life is 7 days and it has to be transported and kept at a low temperature.

On day No. 1 the medical officer attends the school and carries out the first Mantoux test with 1/10,000 P.P.D., returning on day No. 4 to read the results and retest negative reactors with 1/1,000 P.P.D. On day No. 8 a third visit is made to read the results and to vaccinate all children who are still negative reactors.

Children who react to either of the Mantoux tests are invited to the chest clinic for radiological examination. The parents are informed of the test result and any relevant particulars are sent to the child's own family doctor. When the team visits the school again to carry out the second part of the annual programme, children who were vaccinated on the previous visit, generally six months earlier, are offered a post-vaccination Mantoux test.

This work was organised by my deputy, Dr. Preston, and has been carried out with great care and success by Dr. Dorothy Klein, assistant medical officer. Dr. Preston's careful and necessarily elaborate administrative arrangements, and Dr. Klein's interest

and industry have enabled us to undertake an extensive programme with economy of medical and nursing time. In general it has proved possible to visit two departments during each morning session, but the programme has necessitated adhering to a very rigid timetable, and elaborate arrangements for the cleaning, sterilising and packaging of syringes and needles. Without the help we have received from Dr. Pilsworth, Director of the Public Health Laboratory Service in Southend, it would have been impossible with the means at our disposal, to carry out all the sterilising and other preparations which have been needed, and one would like also to pay tribute to the "backroom" helpers, the nursing and administrative staff who have unfailingly secured that the right tools were at the right place at the right time.

The schedule of visits is necessarily interrupted by half-term and occasional school holidays because, before we can begin to deal with a school, we have to make sure that the same children will be available on day one, day four and day eight.

In practice we have visited one set of schools on a Monday, a Thursday and the following Monday, and a second set on a Tuesday, a Friday and the following Tuesday, so that four or eight departments have usually been dealt with each fortnight.

The success of our arrangements owes much to the support and kindly tolerance of the head teachers. The percentage of children whose parents accept this treatment varies a good deal from school to school, and there is reason to believe that the attitude and influence of the head teacher is of first rate importance in securing the acceptance of B.C.G. vaccination. The children themselves have been very interested in the procedure, and the absence of untoward reactions has been a gratifying reward for the care with which the work has been carried out. It is surprising how rumours circulate and how they distort the truth, for many children confuse the B.C.G. programme with routine medical inspection.

It is possible that our arrangements will be modified in later years. If we could do away with the first Mantoux test and rely entirely on one test with 1/1,000 P.P.D. there would be much saving of time, which could be devoted to post-vaccination testing, and there would also be advantages if we dealt at one time with children in their fourteenth year rather than waiting till the latter half of it.

Details of work at the individual schools is set out in the following table.-

School	No. Invited	No. Consents	Positive	Negative B.C.G. Vaccinated
Shoebury H.S. ...	79	64	11	47
Wentworth H.S. ...	89	72	12	50
Southchurch Hall H.S.	85	66	9	50
Fairfax H.S. ...	59	43	4	35
Eastwood H.S. ...	60	44	8	35
Belfairs H.S. ...	57	40	6	33
Westborough H.S. ...	40	32	4	24
Westcliff High Boys	55	43	6	40
Westcliff High Girls	64	52	6	42
Southend High Boys ...	80	69	12	57
Southend High Girls...	47	37	8	26
St. Bernards ...	35	23	5	16
	750	590	91	455
		= 79% of Col. 1	= 15% of Col. 2	= 77% of Col. 2

The report on the work of the School Health Service gives particulars of the measures taken to investigate school contacts of children for whose infection with tuberculosis there is no ready explanation. During the year four surveys, which involved the Mantoux testing of 211 school children, were carried out. The consultant chest physician very kindly arranged for all positive reactors to be examined radiologically. It is reassuring to note that no children were discovered by these investigations to be suffering from tuberculous infection.

The following statistics, furnished by the secretary, Miss H. Thompson, B.Sc., to whom, as always, we are indebted for much assistance, relate to the Tuberculosis After-Care Sub-Committee of the Southend Civic Guild of Help, to which the authority made a grant of £500.

Type of Assistance	Number Assisted	Cost £	s.	d
Clothing	13	51	11	0
Travel vouchers to visit patients in Hospitals and Sanatoria	14	32	4	3
Bedding (to enable patients to occupy separate rooms) and towels	14	35	11	4
Coal	3	9	4	2
Removal Expenses	1		3	6
Domestic assistance not available under official scheme	2	66	0	0
Furniture	6	88	11	6
Handicrafts	1	4	7	0
Groceries and Milk	5	27	16	2
Insurances	7	53	5	0
Miscellaneous...	31	59	7	10
	97	£428	1	9

Mass Miniature Radiography Unit.

A report of the visit made by this unit in September and October appears in the section dealing with tuberculosis.

Rehabilitation

Two patients were maintained at Papworth for 545 days and one at Preston Hall for 217 days at a total cost of £421 16s. 9d.

2. ILLNESS GENERALLY.

Convalescent and After-Care Homes.

During the year 38 patients were provided with recuperative holidays or after-care for periods which varied from one week to six months. The total cost of this provision was £445 3s. 5d. towards which patients or their relatives contributed £95 12s. 3d.

The Therapeutic Social Club.

The Club, founded by Dr. Strøm-Olsen and the psychiatric social workers from Runwell Hospital, receives financial assistance from the Authority. The Club continues as tenant of the British Red Cross Society at their headquarters, 4 Nelson Street.

Home Nursing Requisites.

The Superintendent of the local division of the St. John Ambulance Brigade has kindly supplied the following information relating to home nursing requisites loaned during the year.

Patients assisted	...	972
Articles loaned	...	1,265
Average period of loan		6/7 weeks

The articles loaned were bed-pans, urinals, air-rings, water-proof sheets, hot water bottles, air beds, water beds, back rests, bed cradles, bed tables, wheel chairs, etc. The arrangements continued to work satisfactorily and with due economy. It is believed that all reasonable needs were met.

RECOVERY OF CHARGES.

The local authority is authorised to make charges for certain services and articles, chiefly domestic help, convalescent and recuperative holidays, and milk supplied to patients suffering from tuberculosis. In assessing these charges the recommendations made by the financial advisers to local authorities have, in general, been followed, the scales being modified from time to time in the light of altered price levels. The authority which the Health Committee received from the Council, to depart from the scales where either hardship or injustice might result, continues to be of the utmost value in operating these arrangements.

HARD OF HEARING.

During the year the Southend Hard-of-Hearing Group was registered as a charity pursuant to the National Assistance Act.

There is adequate co-operation between the local health authority and this organisation. Discussions between its officers and the Chairman and Vice-Chairman of the Care and After-Care Sub-Committee and the Principal Lay Officer included, among other things, premises for the Group, means whereby its activities could be brought to the notice of patients attending the Hearing Aid Department of the Hospital, the establishment of lip reading classes, and the possibility of appointing a Home Teacher to the Deaf.

With the co-operation of the Education Committee and the Principal of the Municipal College, a lip reading class was provided there, Miss Road, our Speech Therapist, being in charge.

The authority made a grant of £25 to the group during the year ending March 31st.

SECTION 29. DOMESTIC HELP.

There was no occasion materially to alter the practice which has been evolved in past years. The average number of woman-hours available throughout the year was 3,143 per week as compared with 3,084 in the previous year. We continued to employ a substantial number of part-time workers; once more this proved essential to proper working. Efforts are always made to reduce as far as possible the help provided during the summer months so as to permit of a substantial expansion when, in the early months of the year, there is a sharp increase in the need for the Service.

Elsewhere in this report there is published the statistics collected by the Institute of Municipal Treasurers and Accountants and the Society of County Treasurers. These show that your expenditure on this service is above the average calculated per thousand population of the English County Boroughs but it is interesting to observe that the number of these authorities which spend proportionately more on the home help service than you do, rose from 17 in the previous year to 20 in the current year, and that although last year there were 26 County Boroughs with a higher unit cost per case than your figure of £23 13s. 0d, there were no fewer than 37 returned a higher cost this year. It seems reasonable to assume that many authorities are only doing today what Southend did yesterday, and in the future your expenditure on this service will approximate more closely to the national average.

It must always be remembered that in our population there is a disproportionately large number of elderly people who make serious and sustained demands on the service. For example the number of households for which assistance has been forthcoming without interruption for over 12 months, rose from 108 to 130. This continuing assistance, so essential to the chronically

incapacitated and the aged, makes a cumulative demand upon the service, and for this reason alone, continued expansion is likely to be needed. No one who is familiar with conditions in Southend can doubt the great contribution which the service makes to the welfare of the aged, and the relief it brings to the hard pressed hospital and Part III services.

Domestic and Home Help Scheme 1954

Staff employed:-		on 1.1.54.	on 31.12.54.
Full-time	...	20	15
Part-time	...	112	120
Casual	...	1	3
		133	138

Number of cases assisted:-

Domestic Help Cases	...	667
Home Help Cases	...	252

of these

516	were	assisted	under 1 month
128	,,	,,	1 - 3 months
62	,,	,,	3 - 6 months
83	,,	,,	6 - 12 months
130	,,	,,	over 12 months

Assessments	*Domestic Help*	*Home Help*
FREE	177	11
10/- per week and under ...	277	34
Over 10/- and under £1 ...	39	47
£1 - £1.10s.	49	55
£1.10s. - £2	13	27
£2 - £3	15	38
£3 - £4	2	18
£4 - £5	-	9
£5 - £6	-	2
£6 - £7	1	2
FULL COST	94	9

	Domestic Help	*Home Help*
Total Wages Paid	£18,371.19.10.	£2,510. 9. 3.
Total Collections	£3,421.18.10	£712 12. 2.

SECTION 51. MENTAL HEALTH SERVICES.

The Council's proposals, made and approved when the National Health Service first came into operation, envisaged and provided for an ever increasing co-operation between the local health authority and the hospital service, for the development of the duly authorised officer as an acknowledged social worker, and the final integration of preventive and after-care work, be it initiated by the hospital or the local authority.

Powers were obtained to authorise staff in the service of the hospital to act as duly authorised officers, and although it

has not yet been found practicable to utilise them, the authority's attitude remains the same.

Your Medical Officer of Health has undertaken the direct personal supervision of this work, being appointed chief duly authorised officer in order the better to influence developments. There are two male whole time duly authorised officers who devote their time entirely to mental health and cognate matters. They have now acquired a considerable experience, owing much to the guidance of the consultant and other medical staff of the psychiatric service. Part of the onerous burden of stand by duty - the duly authorised officer must be available by night as well as by day, in season and out - is undertaken by one of your male district nurses who holds the R.M.P.A. certificate. Your mental deficiency officer, a woman certificated in social science is mainly responsible for the mental defectives, although she is assisted by her male colleagues who supervise male adult defectives.

Runwell Hospital, a modern mental hospital provided jointly by the Southend-on-Sea and the East Ham County Borough Council, enjoys a world-wide reputation, so it is not surprising that its social work was well developed.

The new mental health section of the department could not expect to take the work pioneered by the hospital, so our role has been to learn and then to demonstrate our usefulness.

From the beginning, your duly authorised officers provided for the information of the hospitals, a case history for each of the patients with whom they dealt. The Medical Officer of Health was fortunate in being able to discuss with the consultant psychiatrists the day to day difficulties which the duly authorised officers encountered and to lean heavily on their advice. Miss Fanta, the senior psychiatric social worker attached to the hospital, has visited the department weekly or more often as occasion demanded and, by personal contact with the sectional heads, for example the home help supervisor, has been able effectively and promptly to co-ordinate measures for helping psychiatric patients and their families.

The way in which the duly authorised officers have discharged their difficult responsibilities has commended them to many general practitioners, and the lay magistracy, which has the unique opportunity of observing their work, has from time to time commented very favourably upon it. The Chairman of the Health Committee is a member of the Runwell Hospital Management Committee upon which the Corporation is well represented by other members, who, like the Chairman, have had a long experience of the hospital's work. Your Medical Officer of Health is also a member

of it, having been appointed on the nomination of the medical staff and has the additional advantage of membership of the hospital's medical advisory committee.

One sees with some satisfaction that the development of your mental health service is progressing in the way, though not as quickly, as was originally intended, and the promise of the future is good if the staff and the necessary finance can be available.

It is however, by the judgment of the patient and his relatives that we ultimately stand or fall, and nothing is more satisfactory than the knowledge that they increasingly turn to the department for help and advice in their anxieties and distresses.

Personal application to the duly authorised officers was made by 111 patients confronted with a variety of problems. The relatives of 53 patients also came, mainly because of difficulties created at home by the patient's attitude and conduct, or else to seek assurance of many matters which troubled them. General Practitioners sent back to us no fewer than 35 patients who had experienced mental difficulties in the past. Many different kinds of help were needed, not infrequently it was to persuade a patient to attend the psychiatric out-patient department to secure his being seen there promptly and to inform the medical staff fully concerning him. The promotion of liaison between the hospital and the general practitioner has been one of our aims and not infrequently an officer accompanied to the out-patient department a patient who, without his personal support, would fail to go there. Your duly authorised officers have smoothed out difficulties with landlords and assisted in finding accommodation for patients. Nearly all the 26 direct references from Runwell Hospital were to this end and your officers were successful in placing 16 patients in proprietary old persons homes and securing the admission of 5 to Connaught House. In spite of the excellence of the statutory services, many patients needed advice and help concerning pensions or national assistance. The officers have co-operated with the Ministry of Labour and National Service in placing discharged patients in employment and in encouraging them to remain at work. Arrangements have been made for the other services provided by the Council to be available as necessary, and many patients have been sustained in the early months of their return to the community, which always present peculiar difficulties. A few illustrative cases are quite illuminating.

> "A" lost his wife and began to drink excessively, developing suicidal tendencies and being admitted to hospital on five occasions in eighteen months. He felt he was unwanted and useless, but a duly authorised officer persuaded the Superior of a Religious

House to employ him as a resident gardener. After a time, and still under the friendly supervision of the department, the patient independently obtained work at an hotel and kept in touch with us until his death eighteen months later from an unrelated organic cause.

"B" found himself in trouble with the Police and lost his respected employment and became profoundly depressed. The consultant at the psychiatric out-patient department asked the duly authorised officer to find "B" other employment. This was done, since which time we have received excellent reports of his work and conduct.

"C" suffers from schizophrenia or split mind. Hers is the depressing story of repeated admissions to hospital. At the suggestion of her doctor her mother asked the duly authorised officer to visit frequently, following which her conduct has been much more stable.

Throughout the year there were difficulties about hospital accommodation and in large measure this accounts for the variation that occurs from year to year in the methods selected for disposal of patients. For example, the number of women admitted under Section 20 to Rochford fell from 98 to 43, while the number admitted to Runwell upon Summary Reception Orders rose from 52 to 80, indicating that clinical needs must have been subordinated upon occasion to other considerations. Special attention is directed to the fact that 11 patients originally admitted to Rochford Hospital under Section 20 procedure, were subsequently accepted in your Part III accommodation at Connaught House, where suitable patients are accepted on discharge from Runwell Hospital also. Your attitude can be contrasted favourably with that adopted by some other Part III authorities, and the medical staff of Runwell Hospital have on more than one occasion drawn attention to the material assistance given by the Health Committee. No doubt some of our readiness to accept these patients comes from the fact that the so-called welfare services are here administered by the Public Health Department and not a separate welfare organisation, for it is under these circumstances that each of us realises how dependent he is for the discharge of his duties upon the effective co-operation of his colleagues.

Mental breakdown and deterioration accompany old age, and once more over one quarter of all our patients admitted to mental hospitals were beyond the age of 70. When an elderly person is admitted to hospital his chances of cure and of re-establishment in the community are considerably less than those of the younger person. This senile 25% constitutes a cumulative burden on the mental hospitals, so there is a great need for an expansion of a simpler kind of accommodation, in order that the expensive and highly complex services provided in the modern hospital of to-day can be released for the treatment of patients who require all its resources.

Medical Officers of Health are invited to remark in their reports upon significant difficulties. It is but rarely that a child or young adolescent requires hospital treatment by reason of mental illness, but when this happens his need is urgent. The ordinary mental hospital is not the place for him and the number of specialised units is, further, too small. In consequence, those who are charged with the responsibility of looking after him, often make fruitless and urgent representations, and valuable time is lost and further deterioration occurs while he waits for a vacancy.

Mental Illness: Work of the Duly Authorised Officers: 1954.

Patients admitted to Runwell Hospital:-

	Males	*Females*	*Total*
Lunacy Act, 1890			
(a) Section 11. Urgency Order ...	3	20	23
(b) Section 16. Summary Reception	22	80	102
Mental Treatment Act, 1930			
(a) Section 5. Temporary Patients	2	1	3
(b) Section 1. Voluntary Patients	38	61	99
(c) Section 1. Voluntary Patients, direct admissions	46	41	87

Patients admitted to Rochford General Hospital, Observation Wards:-

Lunacy Act, 1890			
Section 20 (3-day) orders) ...	50	43	93
Section 21(1) Justice's Temporary Removal Order ...	-	3	3
Section 21(2) Justice's 14-day order	-	3	3
Direct admissions (without order) ...	13	15	28
Total	174	267	441
Section 28. N.H.S. Act, 1946			
Pre-Care	32	74	106
After-Care	91	141	232
	123	215	338
Cases referred to the Department in which no statutory action was taken ...	23	65	88

Total number of visits made in connection with duties under Section 51, National Health Service Act, 1946 2,072

Of 127 patients admitted to Rochford Hospital (Section 20 - "3 day orders"), Section 21 (Justice's temporary removal orders and Justice's "14 day orders") and direct without order, 21 were aged 70–75 years, 23 were aged 75–80 and 28 were over 80 years of age. The following table shows how they were dealt with.

In hospital on 31.12.53	16	
To Runwell Hospital as Certified Patients ...		25
To Runwell Hospital as Temporary Patients ...		1
To Runwell Hospital as Voluntary Patients ...		4
To Connaught House (Part III Accommodation) ...		11
To General Wards		10
Died in Rochford General Hospital		29
To relatives		41
Still in hospital 31.12.54		22
		143

The recurring aspect of mental illness is well shown by the following table concerning admissions to Runwell Hospital.

Previous admissions					
	0	– 166	(70)*	6	– 5
	1	– 61	(9)*	7	– 5
	2	– 25	(5)*	8	– 1
	3	– 12	(2)*	9	– 2
	4	– 8		14	– 1
	5	– 5	(1)*	23	– 1

* The figures in brackets show the number of direct voluntary admissions (Mental Treatment Act, 1930 Section 1).

In addition, 22 patients were re-classified on the expiry of urgency orders.

Sources of referral	*Runwell*	*Rochford*	*After-Care*	*Pre-Care*	*No Action*
Doctors	98	78	35	62	35
Relatives, friends	14	11	53	18	31
Psychiatric Services ... (including Psychiatric Out-Patient Clinic) ...	125	14	26	3	2
Police	10	11	2	7	7
Southend General Hospital ...	13	8	–	3	4
Personal Application ...	2	1	111	7	2
Transfers from Rochford G.H. ...	30				
Reclassifications	22				
Other sources	–	4	5	6	7
Total	314	127	232	106	88

Disposal of patients not requiring statutory action	*Pre-Care*	*After-Care*
To Psychiatric Out-Patient Clinic ...	23	36
Referred re Part III Accommodation ...	22	5
For follow up by D.A.Os.	23	8
To General Hospitals	16	1
To Superintendent of Home Nursing ...	6	2
To Home Help Organiser	7	–
To Private Residential Accommodation ...	9	16
To Mental After-Care Homes	–	1
Total	106	69

	Male	*Female*	*Total*
N.A.A. 1948 Sections 48 and 50 (Protection of Property)	28	80	108

No. of visits...245

Supervision of Male Mental Defectives: Statutory–22 Licence – 1
No. of visits ... 166 Voluntary–17 Guardianship – 1

Total No. of visits 2,483.

Patients admitted to Runwell and Rochford Hospitals, 1954.

	MALE																FEMALE															
	Under 16	16 20	21 25	26 30	31 35	36 40	41 45	46 50	51 55	56 60	61 65	66 70	71 75	76 80	over 80	Total	Under 16	16 20	21 25	26 30	31 35	36 40	41 45	46 50	51 55	56 60	61 65	66 70	71 75	76 80	Over 80	Total
Runwell Certified Sec 16 L.A. 1890	-	-	1	-	3	2	5	1	1	2	2	1	2	1	1	22	-	1	1	4	12	6	3	11	6	5	10	7	4	5	5	80
*Urgency Sec 11 L.A. 1890	-	-	1	-	1	-	-	-	1	-	-	-	-	-	-	3	-	-	-	2	6	3	1	1	2	1	1	2	1	-	-	20
Temporary Sec 5 M.T.A. 1930	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Voluntary Sec 1 M.T.A. 1930	-	1	2	4	5	1	1	3	2	5	2	3	7	2	-	38	-	2	-	3	10	9	5	3	5	9	5	2	4	1	3	61
Rochford Hospital Sec 20 LA 1890	-	-	1	1	2	1	5	2	2	2	1	2	10	8	13	50	-	-	-	-	1	-	2	4	1	3	4	5	6	9	8	43
Sec 21(1) LA 1890	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	1	3
Sec 21(2) LA 1890	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	2	-	-	-	-	-	3
Direct admissions without orders	-	-	-	1	-	-	-	2	1	-	-	-	2	3	4	13	-	-	-	-	-	-	1	1	-	1	2	2	3	3	2	15
TOTAL	-	2	5	6	11	4	11	8	7	9	5	6	21	15	18	128	-	4	1	9	29	18	12	20	14	22	23	19	18	18	19	226
Direct Voluntary (not requiring action by Dept.)	-	1	3	-	6	5	6	4	7	6	2	4	2	-	-	46	-	1	2	2	5	5	4	3	1	5	5	3	3	2	-	41
TOTAL	-	3	8	6	17	9	17	12	14	15	7	10	23	15	18	174	-	5	3	11	34	23	16	23	15	27	28	22	21	20	19	267

* NOTE: An urgency order (Sec.11) is only operative for 7 days, and patients admitted pursuant to Sec.11 must therefore be disposed of under other provisions, namely Sec.16 or Mental Treatment Act 1930, Sec.1. Thus while there were 227 admission procedures to Runwell Hospital undertaken by the department, only 204 individuals were involved.

MENTAL DEFICIENCY.

(a) Institutional Care.

The difficulty of obtaining institutional vacancies for certain types of defectives, notably low grade children, is still formidable, although the efforts of the Regional Hospital Board to reduce the waiting lists by the provision of additional accommodation at South Ockendon Institution and otherwise, have been attended by considerable success, and your officers are grateful to the Physician Superintendent, Dr. B. Matheson, for his help in several difficult cases.

At the beginning of January the number of patients awaiting institutional care was 7 males and 7 females under the age of 16 years and 6 males and 7 females over the age of 16. Nine patients were regarded as urgently requiring institutional care.

By the 31st December the numbers on the active waiting list had been reduced to 9 males and 5 females, of whom only one male under 16 was classified as being of immediate urgency. Early in the year the six defectives remaining in the Mental Observation Ward at Rochford Hospital were admitted to South Ockendon. One low grade girl patient on the urgent waiting list died, and another girl, who is blind as well as mentally retarded, was deemed to be educable and therefore eligible to be dealt with under the Education Act and not the Mental Deficiency Act. A review of the waiting list enabled six patients whose behaviour had become more stable, to be removed from the active waiting list and two other patients were transferred from the urgent to the non-urgent list. In addition to the six patients from Rochford Hospital referred to above, four others, who were not on the waiting list had to be provided with institutional care during the year. Of these two were males over 16 who were charged with offences and dealt with under Section 8 of the Mental Deficiency Act, one being admitted to South Ockendon Hospital and the other, who suffered from pulmonary tuberculosis, to the Chest Unit at Leavesden Hospital, Abbots Langley, Herts. The remaining two were females over 16 years; one a low grade patient, was admitted to South Ockendon as a Place of Safety owing to the illness of her guardian, and subsequently died there, and the other, a higher grade girl whose behaviour had occasioned much concern to her parents and to the police, was admitted to Leytonstone House Hospital.

Although it has been possible to reduce the waiting list as shown above, there remain a number of other patients in whose case there is at present no firm application for institutional care but whose circumstances are such that they might require admission at short notice. In this category are certain harmless

patients with no anti-social tendencies but whose parents are ageing or are in poor health, and some others whose social adaptation is variable and in whom anomalies of behaviour may at any time necessitate their being dealt with urgently. Five additional patients, all over the age of 16, were added to the list in this category during the year.

(b) Short Term Care of Mental Defectives.
Ministry of Health Circular 5/52.

During the year 5 applications for short term care were received, 2 in respect of adult females of imbecile grade whose guardians had to enter hospital for treatment, 2 in respect of low grade child patients for similar reasons, and 1 in respect of a child on the waiting list for institutional care whose parents not unreasonably asked for a short rest from the burden of caring for him at home. One of the adult patients was placed in a small private home, the local authority assuming responsibility for her maintenance under Section 28 of the National Health Service Act in accordance with the terms of the circular. The remaining patients were admitted to South Ockendon Hospital under arrangements made by the Regional Hospital Board, as they were considered to be more suitable for institutional care than for domiciliary placement outside their own homes.

(c) Community Care.
Occupation Centre.

The principal development this year was the opening of the Day Occupation Centre at St. James's Church Social Centre, Elmsleigh Drive, Leigh-on-Sea, on the 3rd May.

The Centre caters primarily for children of both sexes under the age of 16 years, although it was found possible to admit a few older girls. Occupation Centres do not form part of the education system; they are provided for children suffering from a disability of mind of such a degree that they are incapable of receiving education at school. Ordinarily children attend the Centre only after having been officially reported by the Education Authority under Section 57(3) of the Education Act, 1944, but there are a few who, though they have not yet been officially reported, are, for the time being, incapable of receiving education at school. It is the intention to review their educability after a trial period of training at the Centre.

The Centre was opened for a maximum roll of 30 in the first instance, the staff consisting of a Supervisor, an Assistant Supervisor and a part-time Domestic Assistant. It is common to find Occupation Centres established in adapted premises such as church halls, and St. James's Social Centre provides better

facilities than usual for an activity of this nature. The building is of recent construction and comprises a large hall suitable for group activities, a small hall which can be used for handicrafts and also as a dining hall, together with a small room for serving meals and washing-up, and the usual cloakrooms and toilet accommodation. There is sufficient space within the curtilage of the hall for open-air activities when the weather is suitable.

The principal aims of the Centre are firstly to promote the physical and mental development of the children so far as this is possible, secondly to provide social training so as to make them more fitted to live in the community and thirdly to relieve the strain on parents which is inseparable from the presence of an ineducable defective in the home. It is to be remembered that the low grade mental defective is one whose innate potentiality is so limited that no form of training is likely to render him wholly self-sufficient. Herein lies the main difference between education, as the term is ordinarily understood, and Occupation Centre training. The methods of instruction may be essentially similar, but the capacity of the pupil to respond to this training is of a different kind. For this reason the emphasis is on habit training and physical activities rather than academic learning. The curriculum includes a wide range of handicrafts and play material for the younger children, together with training in simple domestic tasks, and much ingenuity is employed in devising recreational pursuits which inculcate insensibly an element of social training. Music plays a large part in the activities of the Centre. Defective children who are shy, restless or emotionally unstable can often be taught to participate in rhythmical group activities. There is naturally a wide scatter of ability as well as of age among the children attending the Centre. The minimum standard of ability required on admission is that a child shall be able to walk, to feed himself, at least with a spoon, to indicate his toilet needs, and to understand and obey simple commands. In addition he must of course be capable of associating safely and without offence with other children.

All the pupils whom it was proposed to admit during the first term were visited by the Supervisor in conjunction with the Mental Deficiency Officer, in order to assess their suitability for training and to gain the confidence of the children and the co-operation of their parents. Twelve children were selected for admission when the Centre opened, and a further 17 were admitted in small groups at intervals during the first term. At the end of July there were 29 on roll comprising 17 boys and 7 girls under 16 years and 5 senior girls whose ages range from 17-24 years

Transport by special bus was provided from various "picking-up points" covering the whole of the Borough except Shoeburyness, and the Centre was open from 9.30 a.m. until 3.30 p.m. during school term times. The midday meal is provided in heated containers by the School Meals Service.

Children attending the Centre are eligible for priority milk supplies in the same way as children attending a school.

Experience of the first year's working indicates that the Centre has made a very successful start. Members of the Health Committee visited the Centre on June 20th, and the Open Day for Parents which was held in December showed clearly not only the progress made by the children, but the renewed hope which had been given to the parents of some of the more seriously handicapped patients, both in the relief afforded to them by taking the child out of the home for some hours each day, and in the improved social adaptation of the child as a result of communal association with others, combined with skilled management and training.

Supervision.

Reference was made in last year's Annual Report to the achievements and difficulties of those individuals over the age of 15 who attempt, with varying degrees of success, to earn their own living. It is interesting to note that of 95 males and 114 females in this age group 56 males were self-supporting, either wholly or in part, compared with but 44 of the females. Of the other 70 women, there are at least a few, especially is this true of the older ones, whose limited potentialities have not been developed; they have become conditioned to a sheltered and very restricted domestic routine and live entirely in the company of their mothers. One of the problems of the Mental Health Worker engaged in supervising medium-grade female defectives is to decide how far to encourage the emancipation, as it might be called, of the school leaver, whose social immaturity exposes her to exceptional risks in the adult world. A poor home and inadequate parents make such a girl prone to fall into difficulties and it is here that frequent and informal visits, if sufficiently sustained, often prove of real value. The friendly approach is everything, since it is necessary to enlist the confidence of the parents to build up their interest and sense of responsibility. This is the more important because the attitude of the young high-grade girls themselves towards the Mental Health Worker is inclined to be negative, and more immediate response is obtained from the males, who, as time goes on, often begin to value the advisory service, and make an intelligent use of it for themselves as occasion requires. The same becomes true of the female patients as they get older.

For the low-grade adults of both sexes, who are incapable of being gainfully employed, there is a very great need for Day Occupation Centres. Visits are nearly always welcomed by their mothers who often lead very isolated lives, and appreciate the opportunity to meet someone who shares their interest in the patient, and with whom they can discuss variations in health and behaviour. The paramount need of these defectives is for companionship and occupation while their mothers require to be relieved of their care during part of the day. This applies more particularly to the male defectives.

Number of home visits paid by the Mental Deficiency Officer during the year:	1,393
Interviews in office:	56
Journeys with patients to or from homes or Institutions:	9

Mental Deficiency 1.1.54 31.12.54

	Males	*Females*	*Total*
Number on Register at end of year 1954:	207	208	415
Institutional Care as on 31.12.54.			
Royal Eastern Counties Hospital...	33	24	62
South Ockendon Institution ...	22	37	59
Royal Earlswood Institution ...	4	2	6
Leybourne Grange Colony ...	1	-	1
Hortham Hospital ...	1	2	3
Princess Christian's Farm Colony	1	2	3
Stretton Hall	1	-	1
St. Mary's, Alton	-	1	1
Harmston Hall Colony	1	-	1
St. Theresa's	-	2	2
Royal Western Counties Institution	1	-	1
St. Raphael's	1	-	1
Little Plumstead Hall	-	1	1
Darenth Park Hospital	-	1	1
Leavesden Hospital	1	-	1
Rochford General Hospital ...	-	-	-
Connaught House	1	4	5
Other residential accommodation	3	1	4
Field Place Approved Home ...	-	1	1
Larkfield Hall Approved Home ...	-	1	1
Hamilton Lodge Approved Home ...	4	-	4
	80	79	159

Community Care.

Ascertainment

New cases reported and investigated during the year 1954. Referred by:-			
1. Chief Education Officer ...	8	5	13
2. School Medical Officer ...	8	4	12
3. National Assistance Board	-	2	2
4. Other Authorities on removal	2	5	7
5. Other sources ...	1	1	2
	19	17	36

	Males	*Females*	*Total*
Disposal of Cases reported during the year.			
1. Admitted to Institutions (under Order)	–	2	2
2. Placed under Statutory Supervision	10	7	17
3. Placed under Voluntary Supervision	9	5	14
4. Removed from the area	–	2	2
5. Action not yet taken	–	1	1
	19	17	36
Total number of defectives under Community Care on 31.12.54.	127	129	256
Total number awaiting admission to M.D. Institutions.	9	5	14
Guardianship and Supervision as on 31.12.54.			
Cases under Guardianship within the Borough	2	–	2
Cases under Guardianship outside the Borough	1	1	2
In Places of Safety	–	–	–
Under Statutory Supervision	72	76	148
Under Voluntary Supervision	44	51	95
On licence from Institutions	8	1	9
	127	129	256
Guardianship Cases supervised on behalf of other Authorities during the year.	–	4	4
Licence Cases from Other Authorities	1	2	3
Training.			
Patients in attendance at Day Occupation Centre as on 31.12.54.	17	10	27
Number who have attended during the year 1954.	18	13	31

INFECTIOUS DISEASES.

The year passed without any unusual occurrence of infectious disease. Only 2 notifications of Poliomyelitis were received, there was no epidemic prevalence of Measles, and Food Poisoning occasioned no anxiety.

Administrative arrangements, described in previous reports, continued without alteration, and once more I have to draw attention to the benefits which came from the association of my Deputy with the clinical work of the Westcliff Hospital.

The following table gives particulars of notifications received during the year, "corrected" for final diagnoses. Principal differences in comparison with 1953 were more notifications of Whooping Cough, less Pneumonia, less Dysentery and rather more Infective Hepatitis.

Scarlet Fever	355
Whooping Cough	596
Poliomyelitis	2
Measles	42
Diphtheria	–
Pneumonia	135
Dysentery	26
Polio-Encephalitis ...	–
Typhoid	–
Paratyphoid "B"	2
Erysipelas	35
Meningococcal Infection ...	6
Food Poisoning	48
Puerperal Pyrexia	7
Ophthalmia Neonatorum ...	4
Infective Hepatitis ...	43
Puerperal Fever	–
Malaria	1
	1,302

SCARLET FEVER.

There were 355 notifications of this disease - 22 more than in 1953. By the third week of January the curve of notifications had begun to rise and continued to do so until the middle of March after which it fell in a regular way until the beginning of May. The first quarter of the year produced 206 notifications, the largest number in any one week being 33 on the week ending March 13th.

The disease was generally mild, although we formed the impression that the incidence of nephritis in children, and of secondary cases in the same household, were both commoner than usual. On examination both these views were without factual support. Through the courtesy of Dr. R. H. Dobbs, we have been able to review local hospital admissions for nephritis, over several years, and find that the numbers of children requiring hospital treatment has varied but little over the past few years and there is no association between the dates of onset of nephritic complications and the curve of notifications of scarlet fever.

During the past ten or fifteen years the attitude of the medical profession and the public towards scarlet fever has undergone progressive modification, so that today it is viewed more in the light of a nuisance than a condition to be regarded very seriously. With this change there has come a growing reluctance to accept reasonable measures of isolation for patients treated at home, although it is only fair to admit that housing difficulties sometimes make them impracticable. Scarlet fever is not a disease entity in the same way as measles is. Infection with the haemolytic streptococcus can produce a variety of conditions, tonsillitis, upper respiratory catarrh and the like - the rash of scarlet fever merely indicating susceptibility to one element in the toxin produced by the organism. Those who are

reluctant effectively to isolate patients suffering from this disease or even make a reasonable efort to do so, should realise that danger for all the household does exist, and that adults as well as children can be attacked by the organism.

There were 35 multiple notifications involving 17 households, in one of which 3 cases occurred. Their distribution was in accordance with expectations in that they occurred chiefly at the beginning and the end of the epidemic curve. Thirteen of the notifications were received in February and 4, 6 and 4 respectively in April, May and June.

These multiple cases do not, for the reasons stated above, represent the full toll of streptococcal infections in the families from which notifications were received, and there is need for intensive education concerning the significance of this disease.

WHOOPING COUGH.

The 596 notifications were 148 more than in 1953, but 92 fewer than in 1952. The major incidence occurred during March to July when 380 cases occurred.

POLIOMYELITIS.

Particulars of the two notified patients are as follows:-

V.W. female aged 8. Onset 27th May. Complained of headache and vomiting followed by pain in left leg; definite weakness of external rotators of left hip within a week.

S.F. female 10/12. Onset 2nd August. Upper respiratory catarrh with marked nasal discharge; weakness of right upper arm, involving deltoid, triceps and biceps, simulated fracture of clavicle for which condition medical aid was first sought. Type 1 virus isolated from faeces.

PNEUMONIA.

Notifications totalled 135 being about two thirds of the number received in the two previous years. The age and sex incidence, where these particulars are available, were as follows:-

Males.

0-1 2, 1-5 6, 5-15 7, 15-25 4, 25-35 3,
35-45 5, 45-55 10, 55-65 5, 65+ 14.

Females.

0-1 1, 1-5 2, 5-15 11, 15-25 3, 25-35 6,
35-45 6, 45-55 5, 55-65 6, 65+ 13.

The analysis provides a useful reminder that pneumonia is by no means a disease only of the very young and very old.

DYSENTERY.

The total of 26 notifications was exactly half the total of the previous year. The notifications of this disease do not afford a reliable picture of what has occurred because much dysentery due to shigella sonnei remains untreated and undiagnosed. A few practitioners are very alert to the possibility of intestinal disturbances and submit specimens promptly to the laboratory. If, therefore, cases occur in the practices of these doctors our notification rate rises. With our present resources it would be impossible to investigate all cases of dysentery which undoubtedly occur but it is, nevertheless, useful to receive these notifications and to follow them up.

Sonne dysentery is always a risk in children's wards and convalescent homes and approximately one quarter of our cases came from these sources. The incidence of notifications was the heaviest in June, July and August.

PARATYPHOID FEVER.

Two notifications were received.

One, a boy of 15 ordinarily resident in another part of the county, became ill on March 24th. From March 19th to 23rd he had been staying in France where it is presumed he became infected. The other patient, a woman of 34 underwent an operation for gall stones on July 17th following a long history of biliary symptoms. After making good progress until July 30th she developed pyrexia and diarrhoea and was subsequently found to be suffering from a paratyphoid infection. The agglutination reactions in this case suggested that she was not a chronic carrier, but no final opinion was reached as to the date or duration of her infection.

FOOD POISONING.

The Ministry of Health requires the annual return of notifications of this disease in the form which is set out below. It will be seen that the causative organism was discovered in just over one-third of the cases and that in all but one of these it was the salmonella typhimurium which was isolated.

The heading 'outbreak' includes all the instances where two or more people are presumably infected by the same cause and multiple notifications are usually restricted to the same household.

	1st Quarter	*2nd Quarter*	*3rd Quarter*	*4th Quarter*	*Total*
No. of "corrected" notifications	10	18	17	3	48

Outbreaks due to identified agents (Salmonella Typhimurium) = 4 Total cases = 11

Outbreaks of undiscovered cause = 3 Total cases = 14

Single cases due to identified agents: Salmonella: 1
Salmonella typhimurium: 6

Single cases of undiscovered cause = 16

INFECTIVE HEPATITIS.

There were 43 notifications of infective hepatitis but there is reason to believe that not all cases were notified. Three outbreaks could be defined, involving Shoeburyness, Southchurch and Eastwood respectively. Cases were notified from Shoeburyness from the middle of January until the middle of September, a total of 15 in all. Two cases were notified in the week ending April 17th, 4 in the week ending May 15th and 2 in the week ending June 12th. This series probably represents the period when the infection was at its maximum. It seems likely that Richmond Avenue School was the focus of spread because no fewer than 10 of the patients attended this school and in another 5 instances a contact of a patient was in attendance there.

In the Eastwood area the disease also came early in the year, the first cases, two in number, occuring towards the end of May. Others continued to occur during the remainder of the year. Here, too, it was possible to implicate schools because of the 10 patients from this area 5 attended Eastwood School and 2 Fairways School, while a contact of another attended the latter.

In Southchurch there was a total of 6 cases which, with one exception, occurred in the last quarter of the year. Of these, four were associated with Temple Sutton School.

The number of cases notified in each four week period by age groups is shown below.

Cases (four week periods)

5 1 2 6 4 6 - 4 4 4 5 1 1 = 43

Age Groups

0-	*5-*	*10-*	*15+*	
1	18	8	16	= 43
2.3%	41.9%	18.6%	37.2%	

CANICOLA FEVER.

On the 18th January information was received that serum from Mrs. J.S., who had been treated at Southend General Hospital agglutinated leptospira canicolae, an infection similar to rat bite fever, but spread by dogs.

On the 24th December, 1953, the patient developed an illness suggestive of influenza, the most prominent symptoms being headache, pyrexia and shivering attacks. Because she did not respond to treatment she was admitted to hospital on the 1st January, when her symptoms were then meningeal in character being accompanied by abnormal cerebro-spinal fluid; a cell count of 353 per c.m. with a differential count of 15% polymorphonuclear cells and 85% lymphocytes. The culture being sterile, her condition

was first thought to be a benign meningo-encephalitis. Treated with penicillin she made satisfactory progress, although her headaches continued after her discharge from hospital.

Enquiry disclosed that on the 13th December the patient had acquired a cross-bred Alsatian dog which, about the 28th December, had been ill for a few days. A specimen of its blood agglutinated leptospira canicolae in a dilution of 1 in 3,000. It was advised that the dog was a probable carrier of the organism and should be destroyed. This was done.

Enquiry from the previous owner of the dog, a Mr. F.G., elicited the information that the dog's mother had had to be destroyed a few weeks after this young dog's birth because she was ill and became dirty in habits. Mr. F.G. himself had had a pyrexial illness starting on the 19th December characterised by shivering attacks, temperature of 105° F. and marked muscle tenderness. His condition had been uninfluenced by sulphonamides but responded to treatment with chloramphenicol. Little importance had been attached to it because the patient had a history of recurrent pyrexial attacks, thought to be malaria, extending over a period of several years. On detailed enquiry however, it appeared that the illness in December was of much greater severity than his previous experiences. A specimen of his blood agglutinated L. canicolae and also L. icterohaemorrhagiae in a dilution of 1 in 3,000.

There appears little doubt that the young dog was the source of infection. It was one of 8 puppies, but only one other dog of the same litter could be traced. The family owning this animal stated that it had always been quite healthy and there was no history of suspicious illness in any member of the household.

TUBERCULOSIS.

This section is based on material provided by Dr. E. Sita-Lumsden, consultant physician for tuberculosis to whom, as always, I am much indebted.

Notification.

The death rates from pulmonary tuberculosis have declined over a long period of time, a movement interrupted and even reversed during two world wars. There is no doubt but that in this country tuberculosis has lost much of its former killing power so that as far as our efforts at prevention are concerned we have been rowing with a favourable tide. Until recently, however, notifications have not declined with mortality, in other words, just as many people continued to contract tuberculosis although a smaller number were killed by it.

In part, the maintenance of the notification rate could be explained by improved methods and means of diagnosis. This could

be expected to result in an increased proportion of notifications in the younger age groups, that is in respect of primary infections and also at the other end of the age range when many of the chronic chest conditions which have hitherto masqueraded as bronchitis and winter cough etc., have been revealed as tubercle.

In these circumstances any continuing fall in the notification rate can be regarded as welcome evidence of a reduction in the rate at which people are being infected with tuberculosis and it represents a real advance in prevention.

During the year there were 142 notifications of respiratory tuberculosis, the total being the lowest since 1938 when it was 139. The population in 1954 was 154,200 compared with 138,100 in 1938, and the corresponding rates per 1,000 population are 0.92 and 1.01 respectively. The notification rates for both respiratory and non-respiratory tuberculosis were the lowest in the history of the County Borough.

This is not the full story, to obtain which it is necessary to examine the sources from which the notifications came. Tuberculosis has always been imported into Southend, as the following figures for *all forms* show:-

	New Cases	*Inward Transfers*	*Total*	*Proportion of inward Transfers*
1949	175	56	231	24.2
1950	190	66	256	25.8
1951	145	71	216	32.8
1952	127	65	192	33.8
1953	110	69	179	38.5
1954	83	76	159	47.8

The most significant fact is that in 1954 nearly half our tuberculosis was imported and the notification rate for people living in Southend had been *halved* in the last five years.

The age at which people develop tuberculosis is of great medical and economic significance. Most male cases arise between 15 and 55 with a peak between 25 and 35. Women, on the other hand are most frequently notified between 15 and 45, the maximum incidence being between 15 and 25. This analysis shows how important the present programme of B.C.G. vaccination for school leavers can be, particularly for the adolescent girl.

TABLE A.

NOTIFICATIONS AND DEATHS

Age Group	Males								Females							
	Respiratory				Non-Respiratory				Respiratory				Non-Respiratory			
	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths
0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5	6	1	7	-	-	1	1	-	2	-	2	-	3	-	3	-
15	8	3	11	-	1	-	1	-	11	14	25	-	3	1	4	-
25	7	14	21	-	-	-	-	-	4	14	18	-	-	1	1	-
35	7	4	11	2	-	-	-	-	5	8	13	-	2	-	2	-
45	7	4	11	2	-	-	-	1	2	2	2	1	1	1	2	-
55	5	3	8	2	1	-	1	-	4	1	5	-	1	-	1	-
65	3	2	5	3	-	-	-	-	-	1	1	1	1	-	1	-
75 and over	1*	1	2	2	-	-	-	-	-	-	-	1	-	-	-	-
	44	32	76	11	2	1	3	1	26	40	66	3	11	3	14	-

* Includes 1 posthumous notification

TABLE B.

NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS

Classified According to Age Groups

Age Group	1938		1948		1949		1950		1951		1952		1953		1954	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	-	-	-	-	1	-	-	2	-	1	-	-	-	-	-	-
1	-	-	2	3	4	12	4	11	4	2	3	2	2	5	-	-
5	1	1	11	5	6	7	16	6	4	5	2	5	2	6	7	2
15	11	21	15	19	21	33	20	39	18	33	19	23	23	18	11	25
25	12	27	31	28	23	24	30	25	27	20	21	20	17	20	21	18
35	17	11	21	30	15	18	15	7	16	10	25	9	11	11	11	13
45	15	9	12	6	11	4	15	6	16	6	15	7	14	4	11	2
55	8	3	9	6	17	-	16	4	11	-	14	3	9	3	8	5
65	2	1	4	3	10	2	15	4	13	10	7	3	9	5	7	1
	66	73	105	100	108	100	133	102	109	87	106	72	87	72	78	66
Total	139		205		208		235		196		178		159		142	

TABLE C.

TABLE SHOWING PERCENTAGE OF NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS RECEIVED IN EACH AGE GROUP

Age Group	MALES								FEMALES							
	1938	1948	1949	1950	1951	1952	1953	1954	1938	1948	1949	1950	1951	1952	1953	1954
0	–	–	0.9	1.5	–	–	–	–	–	–	–	–	–	–	–	–
1	–	1.9	3.7	3.0	3.6	2.8	2.3	–	–	3.0	12.0	10.8	1.2	2.8	6.9	–
5	1.5	10.5	5.6	12.0	3.6	1.9	2.3	9.2	1.4	5.0	7.0	5.9	2.3	6.9	8.3	3.0
15	16.7	14.3	19.4	15.0	16.5	18.0	26.4	14.5	28.8	19.0	33.0	38.2	5.8	32.0	25.0	37.9
25	18.2	29.5	21.3	22.6	24.8	19.8	19.5	27.6	37.0	28.0	24.0	24.5	37.8	27.9	27.8	27.3
35	25.8	20.0	13.9	11.3	14.7	23.6	12.6	14.5	15.0	30.0	18.0	6.9	23.0	12.5	15.3	19.7
45	22.7	11.4	10.2	11.3	14.7	14.1	16.1	14.5	12.3	6.0	4.0	5.9	11.5	9.7	5.6	3.0
55	12.1	8.6	15.7	12.0	10.2	13.2	10.4	10.5	4.1	6.0	–	3.9	6.9	4.1	4.2	7.6
65	3.0	3.8	9.3	11.3	11.9	6.6	10.4	9.2	1.4	3.0	2.0	3.9	11.5	4.1	6.9	1.5

The number of cases of tuberculosis remaining on the notification register on December 31st, was as follows:-

TABLE D.

	Respiratory				Non-Respiratory				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
1954	407	345	16	20	15	43	11	9	422	388	27	29	866
1953	449	371	19	30	18	39	14	10	467	410	33	40	950
1952	458	394	28	27	19	31	13	8	477	425	41	35	978
1951	435	400	29	35	20	29	11	8	455	429	40	43	967
1950	460	401	36	37	19	26	13	8	479	427	49	45	1,000
1949	469	397	44	56	32	32	42	24	501	429	86	80	1,096
1948	446	367	37	41	37	28	40	30	483	395	77	71	1,026
1947	414	349	25	34	34	22	35	27	448	371	60	61	940
1946	377	306	20	23	34	15	38	30	411	321	58	53	843

Note:- On the 31st December, 1938, the total number of cases on the register was 550, comprising 471 respiratory cases (236 males, 235 females) and 79 non-respiratory cases (40 males and 39 females).

Mortality.

The mortality from tuberculosis continues to fall. There were 5 fewer deaths from the respiratory form of the disease than in the previous year, and only one from non-respiratory tuberculosis. Your mortality rate for respiratory tuberculosis was 9 per 100,000, the lowest ever recorded for the County Borough. The rate from all forms of tuberculosis was less than 10 per 100,000, as compared with the rate for England and Wales which was 16 per 100,000.

The age at which deaths from respiratory disease occur again continues to rise, so that here also there is a distinct gain from the national point of view. No man died from the respiratory disease below the age of 35 and no woman under 45 years. Half the deaths were of people over the age of 65.

Deaths from Tuberculosis.

	Males	*Females*	*Total*
Respiratory disease ...	11	3	14
Non-respiratory disease ...	1	—	1
			15

Comparative Mortality from Common Respiratory Causes.

	Males	*Females*	*Total*
Respiratory Cancer ...	68	16	84
Pneumonia	52	39	91
Bronchitis	48	26	74
Other respiratory diseases	13	7	20
Pulmonary Tuberculosis ...	**11**	**3**	**14**

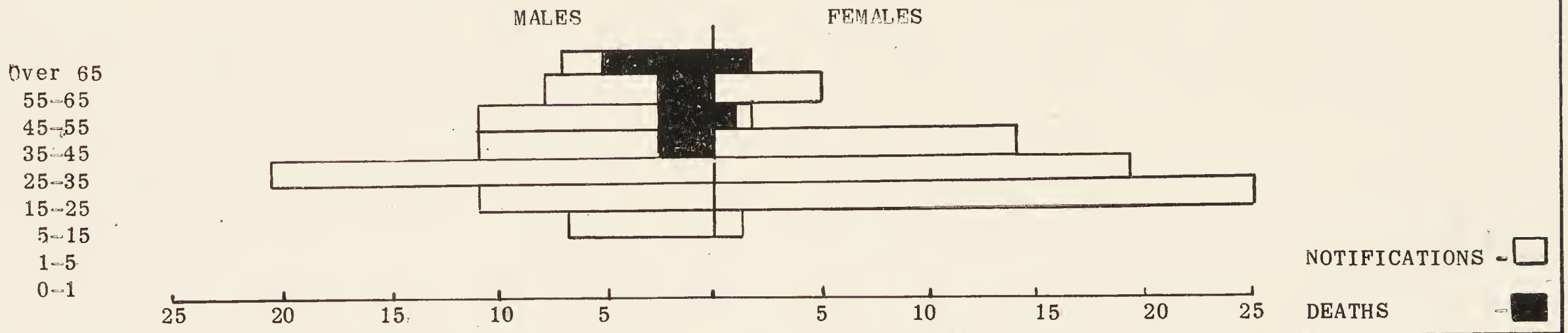
Deaths from Tuberculosis compared with Respiratory Cancer.

	Tuberculosis	*Cancer*
1946 ...	71	43
1947 ...	62	50
1948 ...	54	50
1949 ...	50	49
1950 ...	45	56
1951 ...	39	88
1952 ...	18	88
1953 ...	19	80
1954 ...	14	84

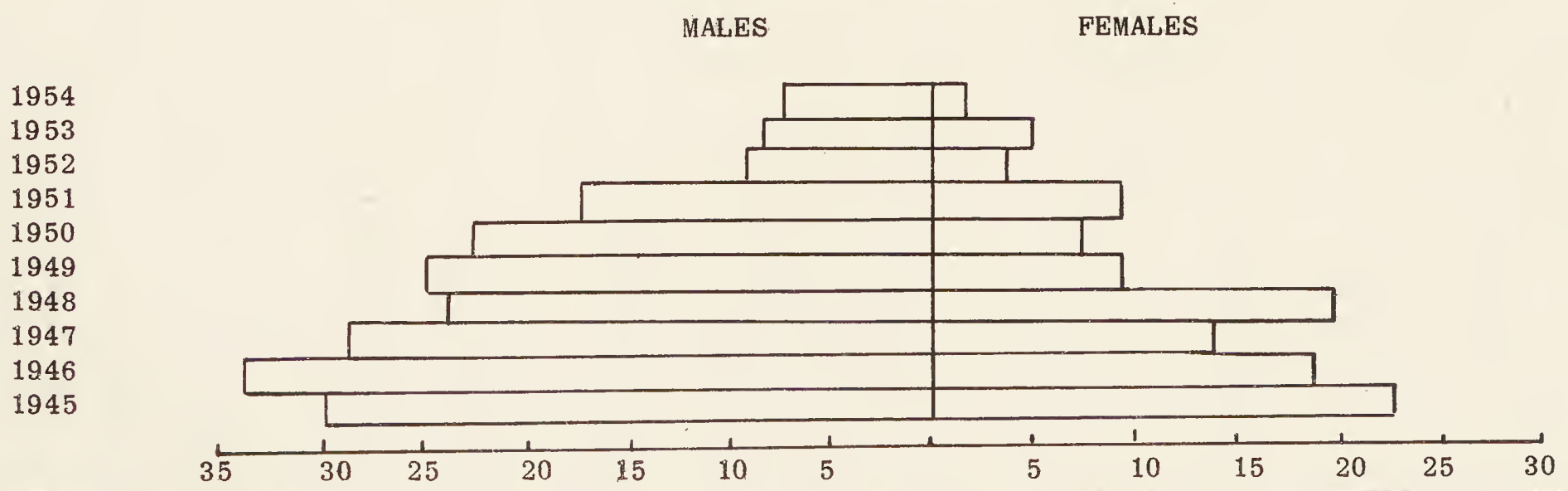
Since 1946 the mortality from pulmonary tuberculosis has fallen by almost 80% and each year the ratio of deaths from respiratory cancer to those from tuberculosis increases.

RESPIRATORY TUBERCULOSIS

TOTAL NOTIFICATIONS AND DEATHS BY AGE-GROUPS



ANNUAL DEATH RATES PER 100,000



WORK OF THE CHEST CLINIC 1954

	Respiratory				Non-respiratory				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
A. 1. No. of notified cases on clinic register 1.1.54 ...	449	371	19	30	18	39	14	10	467	410	33	40	950
2. Transfers from clinics outside area during year ...	31	40	1	–	–	3	1	–	31	43	2	–	76
3. Children transferred to adult register during year ...	3	1	–	–	1	1	–	–	4	2	–	–	6
4. Cases lost sight of which returned to clinic during the year ...	–	–	–	–	–	–	–	–	–	–	–	–	–
B. No of NEW CASES diagnosed during year													
1. T B minus ...	13	12	5	2	2	8	–	3	15	20	5	5	45
2. T. B. plus ...	25	12	1	–	–	–	–	–	25	12	1	–	38
TOTALS OF A AND B ...	521	436	26	32	21	51	15	13	542	487	41	45	1,115
C. No. of cases in A & B written off clinic registers during the year													
1. Recovered ...	78	58	7	10	4	6	3	1	82	64	10	11	167
2. Died (all causes) ...	12	4	–	–	1	–	–	–	13	4	–	–	17
3. Removed to other clinic areas ...	18	27	–	1	1	1	–	–	19	28	–	1	48
4. Children transferred to adult register...	–	–	3	1	–	–	1	1	–	–	4	2	6
5. Other reasons ...	6	2	–	–	–	1	–	2	6	3	–	2	11
TOTALS OF C ...	114	91	10	12	6	8	4	4	120	99	14	16	249
D. No. of notified cases on clinic register 31.12.54 ...	407	345	16	20	15	43	11	9	422	388	27	29	866
No. of above known to have had positive sputum within preceding six months									54	31	1	–	86
E. (a) No. of persons (excluding transfers) first examined during the year ...									655	697	256	220	1,828
(b) No. of those in (a) who attended as CONTACTS and who were:													
Diagnosed as tuberculous ...									–	–	1	–	1
Not tuberculous ...									138	184	123	106	551
Not determined (as at 31.12.54) ...									–	–	–	–	–

Mass Miniature Radiography.

M.M.R. Unit No.60, based on Broomfield Hospital, worked in the County Borough during the latter half of July, resumed towards the end of August and remained until early in October, in addition to making two other visits to examine National Service recruits. Co-operation with the director of the Unit, Dr.W.L.Yell has always been excellent, and I am indebted to him for the information which follows.

The organising secretary of the Unit makes all the arrangements for the visit of the team to factories and similar establishments, our part being limited to assistance in securing good facilities for the public sessions and those arranged for special groups, such as expectant mothers, assisting with publicity and generally making the best use of the opportunity then offered.

The use made by the general public of a Unit depends in a very large measure on the place where it operates. The sessions held at the Municipal College were much better attended than those at the Sea Cadets H.Q. in Milton Road so we were very grateful when, through the good offices of the chief constable, Mr.W.A. McConnach, M.B.E., the Unit was able to operate at the Police Hall which is next door to the Municipal College.

Special sessions were set aside for expectant mothers and it was very disappointing to find that only 88, or rather less than 10% of those calculated to be eligible for examination, accepted our invitations. Special attention was also given to "doctors' cases", that is, patients who were currently attending their own doctor for chest symptoms of any kind which were of more than minimal duration. There were also separate sessions for school children, restricted to fourth year pupils at the secondary modern schools and those due to leave grammar schools at the end of the current school year.

Once more we are indebted to the Education Committee, the teachers and the administrative staff of the Chief Education Officer for their indispensable assistance.

Mass miniature radiography units attracted a good deal of attention when they were first set up. The outfits are an interesting technical achievement and have the appeal inseparable from any ingenious and complicated apparatus. They are, unfortunately, expensive of staff, and a good deal of time is necessarily taken up in travelling and preparation for working on new pitches.

Those who stand in most need of their diagnostic resources are the most reluctant to accept examination, for, fearing an adverse report, they put off confronting the realities of their situation.

No doubt the Units will always have a small but vital part to play in combating tuberculosis, particularly in making intensive studies of small populations, but this apparatus does not fulfil the needs of a centre of population like Southend-on-Sea, where we need a cheap and permanently available rapid method of "screening" patients. If the local chest clinic could be equipped with a suitable apparatus for taking small photographs, and more radiography staff appointed, we could do much more to find those cases which now elude our efforts, at least in the early stages of the disease.

Dr. Sita Lumsden has always made available to the general practitioners, as much radio-diagnosis as could be offered without jeopardising the prime work of his clinic, and to this is owed some of the success which is reported elsewhere. First and foremost it is the patient who is attending his doctor for a chest complaint who needs X-ray examination. In Dr. Yell's series, the examination of the group produced 14.3 cases of active disease for every 1,000 examinations whereas 1,358 examinations of National Service recruits brought to light one case and 5,460 examinations of school children revealed happily, only 2 cases of active disease.

Numbers examined at sessions at Southend-on-Sea:-

	Male	*Female*	*Total*
National Service recruits ...	914	-	914
Staff of Ministry of Supply ...	488	62	550
Gas Board Staff ...	241	15	256
Messrs. E. K. Cole Staff ...	1,302	1,280	2,582
School children etc. ...	1,006	803	1,809
Council Staff ...	713	591	1,304
Various business staffs ...	1,021	856	1,877
"Doctors' Cases" ...	39	54	93

Of the 1,809 school children examined, 36 were recalled for re-examination on full size films, 3 of them being recalled for investigation, and 2, a boy and a girl, were referred to the chest clinic. The boy was found to be suffering from tuberculosis but the girl proved to be a severe asthmatic with eosinophilic infiltration of the lung fields.

VENEREAL DISEASES.

Through the courtesy of Dr. H. D. Crosswell, director of the venereal diseases treatment centre at Westcliff Hospital, I am once more able to comment on progress in this field. We have indeed travelled far since the days when Brieux wrote "Damaged Goods". Our success we owe to the chemists and pharmacologists who have provided drugs of ever increasing potency and safety, to the publicists who have torn down the veils of ignorance concerning the subject and to the pioneering and resolute band of clinicians who have specialised in this field. It is certain that there has

been no general improvement in sexual morality which would account for the great decrease in these conditions, although the decline of commercial prostitution may have played some small part.

Looking back we can reflect with some satisfaction that the treatment of venereal diseases was, like the treatment of tuberculosis, a local authority function and if our successors have produced more resounding results they have had immeasurably better tools, and have benefited from our past efforts.

During the year only one primary infection with syphilis came under treatment, in contrast with the average of 37.5 of the decade which ended in 1938. Four cases of congenital syphilis occurred; the same as last year. There were 42 patients under treatment for gonorrhoea whereas the annual pre-war average was 129.4. The only disturbing feature of the present situation is in the prevalence of non-specific urethritis which is troublesome to cure.

Clinic attendances were:-

	Clinic Attendances		*Intermediate Attendances*	
	M	F	M	F
Syphilis ...	246	819	40	52
Gonorrhoea ...	177	93	–	2
Other patients	784	736	7	3
	1,207	1,648	47	57

The following are the civilian totals for previous years:-

New atients ffering from	1940	1941	1942	1943	1944	1945	1946	1947	1948	1959	1950	1951	1952	1953	1954
hilis	24	40	23	29	33	52	50	50	58	46	33	13	16	18	11
orrhoea	61	78	82	73	60	112	110	71	58	67	37	44	42	80	42
t ancre	–	–	–	–	–	–	–	–	–	–	–	1	–	1	2
al ndances	2846	3319	3345	5185	4387	4431	5840	4714	3667	5907	5952	5461	4750	4135	2959

VENEREAL DISEASES

YEAR ENDING 31.12.54.

Number of Patients	Syphilis		Gonorrhoea		Conditions other than venereal		Total	
	M	F	M	F	M	F	M	F
Under treatment on 1.1.54	25	37	31	14	77	34	133	85
Returned after cessation of attendance in previous years ...	–	1	1	–	–	–	1	1
Dealt with for first time, suffering from:								
(a) Syphilis primary ...	1	–	–	–	–	–	1	–
(b) ,, secondary ...	–	–	–	–	–	–	–	–
(c) ,, latent in 1st year of infection ...	–	–	–	–	–	–	–	–
(d) Syphilis, cardio-vascular ...	–	–	–	–	–	–	–	–
(e) ,, of nervous system ...	1	–	–	–	–	–	1	–
(f) ,, all other late or latent stages ...	2	3	–	–	–	–	2	3
(g) Syphilis, congenital (under 1 year) ...	–	–	–	–	–	–	–	–
(h) Syphilis, congenital...	1	3	–	–	–	–	1	3
(i) Gonorrhoea ...	–	–	34	8	–	–	34	8
(j) Chancroid ...	–	–	–	–	2	–	2	–
(k) Lymphogranuloma inguinale ...	–	–	–	–	–	–	–	–
(l) Granuloma venereum ...	–	–	–	–	–	–	–	–
(m) Any other conditions requiring treatment...	–	–	–	–	82	46	82	46
(n) Conditions not requiring treatment...	–	–	–	–	133	70	133	70
(o) Conditions remaining undiagnosed at 31st December ...	–	–	–	–	–	–	–	–
Dealt with for first time, transferred from other centres ...	3	4	1	–	–	–	4	4
Total under treatment during 1954 ...	33	48	67	22	294	150	394	220
Discharged after completion of treatment and tests for cure ...	5	15	30	16	256	131	291	162
Ceased to attend before completion of treatment ...	1	–	–	–	–	–	1	–
Ceased to attend after completion of treatment but before final tests for cure	2	3	14	1	–	–	16	4
Transferred to other Centres	3	5	5	1	5	4	13	10
Died from Syphilis ...	–	–	–	–	–	–	–	–
Number under treatment on 31st December 1954 ...	22	25	18	4	33	15	73	44

CANCER.

The number of deaths from malignant disease was 399 compared with 409 in the previous year.

The primary sites of disease were as follows:-

	Males	*Females*
Skin	–	–
Lips, Cheek, Mouth, Tongue, etc. ...	4	3
Larynx, Bronchus, Lung, Mediastinum ...	68	16
Oesophagus	6	7
Stomach	24	18
Small Intestine	–	–
Caecum, Colon	18	21
Rectum	11	15
Gall Bladder, Bile Ducts, Liver	3	5
Pancreas	5	5
Kidney, Suprarenal	3	1
Bladder, Urethra	14	6
Prostate	19	–
Testis	2	–
Vagina	–	1
Ovary	–	13
Uterus	–	13
Breast	1	34
Brain	11	7
Bone	1	1
Thyroid	1	2
Parotid	–	1
Lymph Glands	5	7
Miscellaneous or not ascertained	12	15
	208	191

There were 9 deaths attributed to malignant disease in persons under 35 years of age, the primary sites of disease being as follows:-

Male 19 years ...	Hodgkins Disease
Male 17 years ...	Sarcoma Caecum
Male 3 years ...	Cerebral Tumour
Male 34 years ...	Teratoma Testes
Male 32 years ...	Hodgkins Disease
Female 22 years ...	Myeloid Leukaemia
Female 32 years ...	Cerebral Tumour
Female 22 years	Teratoma Ovary
Female 25 years ...	Carcinoma Rectum

PUBLIC HEALTH (AIRCRAFT) REGULATIONS 1952 AND 1954 ALIENS ORDER 1953.

No public health problems of note were encountered in the operation of the Health Control at Southend Airport. The number of customs clearances of passengers and aircraft again showed a substantial increase on the previous year. About 550 tons of foodstuffs were imported, mainly margarine and lettuces during the period of the dock strike in October.

In December the five medical officers in the Department were appointed as Medical Inspectors of Aliens, the airport being now provided with immigration facilities and designated as an "approved port" for the purposes of the Aliens Order 1953.

The following table, which is reproduced by courtesy of the Airport Manager, shows the number of customs movements of passengers and aircraft during the year.

Month	Aircraft		Passengers	
	In	*Out*	*In*	*Out*
January ...	47	45	39	68
February ...	42	51	66	27
March ...	62	59	84	90
April ...	85	97	345	356
May ...	117	136	427	614
June ...	200	226	852	1,307
July ...	278	300	2,013	2,043
August ...	277	303	2,335	2,390
September ...	218	268	1,511	1,023
October ...	183	205	472	343
November ...	89	90	392	71
December ...	83	86	483	782
	1,681	1,756	9,019	9,114
	3,437		18,133	

LOCAL GOVERNMENT SUPERANNUATION ACT, 1937, AND SICK PAY REGULATIONS.

The following table shows the number of medical examinations carried out for the various Departments of the Corporation:-

Education	175
Candidates for Teachers Training Colleges ...	18
Transport	91
Public Health	43
Borough Engineer's ...	30
Children's	11
Borough Treasurer's ...	13
Cleansing	11
Pier and Foreshore ...	5
Parks	4
Town Clerk's	14
Libraries	6
Airport	3
Police	5
Cemeteries	-
Architect's	17
Housing	4
Fire Brigade	3
Entertainments ...	1
Justices' Clerk's ...	2
Fuel Overseer's ...	-
Weights and Measures ...	3
Civil Defence	-
Other Local Authorities...	1
	460

In addition 289 Sick Pay Regulation cases were dealt with by enquiry and report without medical examination.

In September the Education Committee decided to discontinue the practice of requiring medical examination of newly qualified teachers on appointment. These candidates, coming direct from training colleges or universities, will in future produce

evidence of having satisfied the medical requirements of the Ministry, which include an X-ray examination on entry to the profession. All other teachers newly appointed to the Authority's service will still be required to be medically examined.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

A full description of the supply, which has continued to be satisfactory both in quantity and quality and is without likelihood of plumbo-solvent action, was included in the report for 1944. Save for a very few houses where shallow wells are in use, all premises are supplied with piped water.

The supplies, which are chlorinated, are examined daily, the highest standards of bacterial purity being maintained.

In the previous reports some account was given of the sinking of No. 3 borehole at Shoeburyness, and the vicissitudes attendant on its being brought into service. A pump which was started in February worked continuously throughout the remainder of the year, giving complete satisfaction.

ATMOSPHERIC POLLUTION.

What the local Press refers to as the "Smell", and which first began to be troublesome when the catalytic oil plants at Grain Island, Shell Haven and Coryton were brought into operation, was discussed in the Report for 1953, so it is only necessary to advert briefly to the events of the year under review.

Adjoining local authorities, notably Thurrock U.D.C, in the area of which two of the installations are situated, Canvey Island U.D.C. and Benfleet U.D.C., which both lie between Thurrock and Southend in the track of the prevailing wind, became concerned about the nuisance. On May 17th a meeting was held between representatives of the Thurrock U.D.C., the Shell Refinery and Marketing Co.Ltd., and the Vacuum Oil Co. Ltd., a note of which was made available to your Town Clerk. From this it would appear that statements on behalf of both companies emphasised their desire to do everything practicable to reduce and prevent nuisance, that much attention had been paid to smell prevention in the design of the installations, and substantial additional expenditure incurred on this account. The installations were represented as being well maintained and the operators confident that under normal conditions and, save for accidents and emergencies, there should be no reasonable cause for complaint, although it was admitted that under conditions of low cloud and drizzle it would be more difficult to avoid offence.

Representations by Southend-on-Sea and other local authorities resulted in arrangements under which the managers are notified immediately a smell nuisance occurs. Your officers welcomed these proposals and are satisfied that they achieve a useful purpose, although, according to a press account, statements to the contrary were made at the Canvey U.D. Council's meeting on March 25th, 1955.

Correspondence ensued between your Town Clerk and his colleague in Durban, S.A., when the action of the Durban Town Council against an oil company on account of smell nuisance received very considerable publicity, and in January 1955 we were given the opportunity of seeing a report by the Commission set up to enquire on the operation of the refinery.

On November 16th Mr. Bernard Braine, M.P. asked a question of the Minister of Housing and Local Government - the Official Report being:-

> "Mr. Braine asked the Minister of Housing and Local Government what steps he is taking to prevent air pollution by waste gases from Thames-side oil refineries.
>
> Mr. Sandys: The refineries are visited regularly by alkali inspectors, whose duty it is to secure that the best practicable means are employed to prevent the discharge of noxious or offensive gases.
>
> Mr. Braine: Is my right hon. Friend aware that, in the meantime, my constituents have to bear this nuisance? Can he say whether expert advice has been secured from other countries and whether the Beaver Committee has been giving any attention to this problem?
>
> Mr. Sandys: In regard to the last part of the supplementary question, I can say that this problem has been very carefully considered by the Beaver Committee. I received their report the other day and, while I do not want to comment upon it in advance of publication, I can say that it does include conclusions bearing directly on this particular point."

From the Press it was learned that Mr. Braine had also been in written communication with the Minister; the following account appeared in the Southend Standard for October 2nd, 1954.

> 'The Thames-side oil refineries are willing to co-operate with the Minister of Housing and Local Government in attempts to abate The Smell, and it is not likely to help if further questions are put in the House of Commons'.
>
> Mr. Bernard Braine, M.P. for Billericay, has been told this by the Ministry, with whom he raised the question of the smell by letter in October and again in the House of Commons in November.
>
> The Ministry states that their alkali inspector visits the Thames-side oil refineries regularly, and has inspected all the larger works in the past three months. The works at Coryton were visited earl in November, and those at Shell Haven and the Isle of Grain were also due to be visited before December.
>
> The inspector's report, states the letter, indicates that all the process gases are normally burned efficiently and smokelessly, and the companies are doing their best to prevent waste gases getting into the atmosphere.
>
> The main causes listed for The Smell are discharging of crude oil from tankers to storage tanks, the burning of waste gases in flares, and the disposal of watery waste.

The letter suggests that even if the working of the refinery were continuously perfect, there would probably be some odour.

It adds that any disorganisation or temporary breakdown which may occur in 'the best-run refineries' is liable to increase the amount of gases discharged.

The Ministry letter 'understands' that most of the latest complaints have been due to difficulties in operating a large new unit at one of the refineries, and states that the company concerned have gone to a considerable amount of trouble to remedy the defect, 'and there are good grounds for hoping that they have succeeded'.

On enforcement action, it is stated that oil refineries are registered under the Alkali, etc. Works Regulation Act, 1906, and that companies are required by the Act to use the best practicable means to stop offensive gases escaping.

The Ministry's inspectors have 'all the power they need', to enforce this, but they are satisfied the companies are doing all they can to prevent gas escaping."

It is recognised that the "Smell" is most offensive and highly undesirable in a health resort and residential town. Those who have, however, harassed representatives and the officers of local authorities cannot have reflected very deeply on the matter for otherwise they would have addressed themselves primarily to much higher levels.

It should have been apparent that, at a time when capital expenditure and the use of materials was rigidly controlled, enterprises such as these oil installations could only have been embarked upon with the co-operation of a number of government departments and that for economic and defence reasons, policy decisions must have been taken at the very highest levels. It is, therefore, unrealistic to suggest that drastic action by local authorities is feasible or likely to produce dramatic results and, even if this succeeded, it is questionable whether the country's economy could sustain the waste involved in resiting the enterprises.

As far as one can judge, to reduce the possibility of smell emission Government Departments insisted on the plant designs incorporating certain provisions not made elsewhere. The operators are conscious of the annoyance and resentment which can be caused and are anxious to do what is feasible to avoid offence. Active research and experiment is continuous and various alterations are said already to have been carried out. It was stated confidently that as the plants were "run-in" these difficulties would diminish and this has been shown to be true. There appear to be solid grounds for the belief that except for breakdowns and other emergencies the amounts of odorous vapours discharged will gradually be reduced, and in our opinion this is already happening.

A large number of observations were made both within and out of ordinary working hours by the chief sanitary inspector and his officers, imposing a considerable burden on an under-staffed

department. This extra work was accepted cheerfully and carried out with an accustomed diligence, but our resources were insufficient to do all that was needed.

The department is, therefore, indebted to those public-spirited burgesses who, besides complaining about conditions, took the trouble systematically to record the occurrences and situation of the Smell nuisance, together with wind and weather conditions which obtained. This information was of first rate importance in impressing the Alkali Inspectorate and the oil operatives about the seriousness of the situation, and furnished material for the scrutiny of plant operations. Observation of this kind is indispensable. Accounts from American sources concerning smell nuisance arising from the operation of chemical plants make reference to "Smell patrols" employed to maintain observations in surrounding areas, and if it is judged necessary to incur a substantial expenditure in this type of investigation, its importance can readily be assumed.

To those who helped us in this way the following letter was sent on April 9th 1954.

"

Atmospheric Pollution

It is generally agreed that in recent months there has been much less cause than hitherto for complaint about the most unpleasant smells which appeared about the time when the oil refining plants on Thames-side were first brought into use.

There is reason to believe that the energetic and repeated representations of the local authority have played some part in bringing about this result, although it would be ungenerous not to make due acknowledgement of the assistance which has been forthcoming from various Government departments nor the efforts made by the management of the plants.

The evidence about this nuisance which we were able to produce to the parties concerned has been of first rate importance in securing the improvement which has already been brought about, and the Health Committee has asked me to thank those who have kept observations and maintained records.

To them, Mr. Drake, Chief Sanitary Inspector, and I are also greatly indebted and I welcome this opportunity of adding our sincere thanks to those of my Committee.

If, unhappily, conditions worsen and it should once more be necessary to make systematic observations, the Health Committee trusts you would once more co-operate with the department in this matter."

Once more it is pleasant to acknowledge the assistance of the Alkali Inspectorate and, in particular, Mr. Tiplady who is assigned to this area.

SANITARY INSPECTION OF THE BOROUGH.

Mr. R. A. Drake, B.E.M., M.R.S.I., Chief Sanitary Inspector, reports as follows:-

"A. COMPLAINTS.

The following table shows the complaints received during the year and the visits of inspection made in connection with them.

	Complaints	*Visits*
General housing defects... ...	1,613	9,014
Defective drainage systems ...	399	893
Blocked drainage systems ...	379	991
Overcrowded and unsatisfactory housing conditions ...	320	1,417
Absence of or defective dustbins	207	418
Deposit of refuse on vacant land and back passages ...	117	361
Insect pests	77	125
Food and food premises ...	60	249
Dirty condition of houses or rooms	46	213
Water supply	43	133
Animals improperly kept ...	32	81
Sanitary conveniences ...	22	75
Smoke nuisances	21	87
Shops Act	15	64
Caravans	11	54
Fly nuisances	8	28
Factories and workshops ...	6	29
Miscellaneous	427	1,212
	3,803	15,444

These figures do not include 433 complaints in connection with rats and mice, which are shown elsewhere in the report.

B. ABATEMENT OF NUISANCES.

Number of premises where nuisances were found to exist -	1,863
Abated -	
after service of informal notices ...	408
after service of statutory notices ...	47
without notice	1,043
In process of being dealt with on 31.12.54.	365

Proceedings were instituted against two owners for failing to comply with statutory nuisance notices.

C. HOUSING.

(a) Unfit Houses.

Three houses were demolished following informal procedure by the Council.

(b) Overcrowding and Unsatisfactory Housing Conditions.

Three hundred and twenty complaints were received about overcrowding and unsatisfactory housing conditions to deal with which 1,417 visits were made.

(c) Housing Repairs and Rents Act 1954

(See also report on page 100 et seq.)

(a) Certificates of Disrepair.

Applications received		59
Applications withdrawn	2	
Certificates refused	9	
Certificates issued	36	
	47	
Being dealt with at 31.12.54	12	59

(b) Revocation Certificates.

Applications received		14
Certificates issued	13	
Being dealt with at 31.12.54	1	14

D. DIRTY AND VERMINOUS HOMES.

The number of complaints received under this heading was 46 as compared with 197 last year.

The Department disinfested 305 rooms.

E. THE PREVENTION OF DAMAGE BY PESTS ACT 1949.

During the year, 433 notifications of infestation called for 1,973 visits; 264 referred to rat infestations and 169 to mice.

The treatment of sewers is undertaken by the Borough Engineer's Department, which has supplied the following information.

"As required by the Ministry of Agriculture and Fisheries, bi-annual maintenance treatments were carried out; a total of 547 manholes was pre-baited and 503 poison baits laid."

F. ATMOSPHERIC POLLUTION.

In addition to the problems arising from the operation of the oil installations on both banks of the Thames reported elsewhere, there were 21 other complaints. Six referred to the chimneys of dwelling-houses, four to the use of incinerators for disposing of trade refuse, ten to the chimneys of factories, laundries, etc. and the remaining one to railway sidings.

G. RAG FLOCK AND OTHER FILLING MATERIALS ACT 1951.

Fifteen premises are registered. Four samples of rag flock were submitted for tests in accordance with the Rag Flock and Other Filling Materials Regulations 1951; all were reported to be satisfactory.

H. PET ANIMALS ACT 1951.

Twenty-three applications for licences were received, 22 of which were granted, and the other refused. Two hundred and thirty-five inspections of the premises licensed were made.

I. PHARMACY AND POISONS ACT 1933.

Inspections totalling 386 were made in respect of 250 premises registered by the Council.

J. PLACES OF ENTERTAINMENT.

A total of 283 inspections of the sanitary accommodation in cinemas and theatres was made during the year; only a few minor sanitary defects were found, which were immediately rectified when brought to the notice of the management.

K. PARTICULARS OF

(a) Notifiable diseases.

Enquiries concerning notifiable diseases required 789 visits, in addition to which 407 visits were made to contacts.

(b) Other visits or inspections -

Marine store dealers ...	61
Piggeries	322
Registration of hotels, boarding and apartment houses (for Publicity Committee)	1,121

L. KNACKER'S YARD.

The licence granted by the Council to use premises as a knacker's yard was renewed for a period of twelve months. The yard has been well maintained, and 321 animals (300 cows, 14 calves, 5 bullocks, 1 horse and 1 goat) were slaughtered there: 173 visits of inspection were made.

M. FACTORIES ACTS 1937 AND 1948.

The particulars required by Section 128(3) as requested by the Ministry of Labour and National Service are shown in the tables below.

Inspections.

Premises	*No. on Register*	*Number of*	
		Inspections	*Notices Served*
(a) Factories in which sections 1, 2, 3, 4 and 5 are to be enforced by the local authority ...	57	83	-
(b) Factories not included in (a) to which section 7 applies ...	519	802	27
(c) Other premises in which section 7 is enforced by the local authority (excluding outworkers' premises) ...	-	-	-
Total	576	885	27

Defects found.

Particulars	*Number of cases in which defects were*	
	Found	*Remedied*
Inadequate ventilation	2	2
Sanitary conveniences -		
(a) Insufficient	3	3
(b) Unsuitable or defective	1	1
Total	6	6

Outworkers.

Lists received from employers and other authorities.

Nature of Work	*Workmen*
Wearing apparel	165
Boots and shoes	3
Lamp shades	2
Artificial flowers	3
Novelties	23
Art needlework	1
Christmas crackers	4
	201

N. PUBLIC HEALTH ACT 1936. SECTION 154.

Legal proceedings were instituted against a rag dealer for exchanging toys etc. for articles of clothing with children under 14 years of age. The Justices imposed a fine of two pounds and two guineas costs.

O. PUBLIC MORTUARY.

During the year, 197 bodies were received in the public mortuary, where 92 autopsies were performed.

P. DISEASES OF ANIMALS ACTS.

The Chief Sanitary Inspector acts as the inspector of the local authority under the Diseases of Animals Acts.

The veterinary inspections required by the Acts are carried out by the divisional inspectors of the Ministry of Agriculture and Fisheries. There is, additionally, certain local administration of the numerous Acts, Orders and Regulations.

Legal proceedings were instituted against a pig-keeper who, whilst his premises were an "infected place" under the Swine Fever Order of 1938, removed a pig therefrom to market without having obtained the necessary licence. The Justices imposed a fine of five pounds with one guinea costs.

Q. FERTILISERS AND FEEDING STUFFS ACT 1926.

The undermentioned samples have been taken and submitted for analysis.

	Satisfactory	*Unsatisfactory*	*Action taken*
Layers pellets	1		
Meat and bone meal	1		
Sulphate of potash	1		
Hydrated garden lime	1		
Bone meal	1		
Hoof and horn	1		
Fish meal		1	Prepacked. Particulars forwarded to local authority in whose area the fertilizer was manufactured. Retailer's attention called to deficiency.
Sangral		1	Prepacked. Ditto.

R. METEOROLOGY.

The following information is supplied by the Meteorological Officer:-

Total sunshine for the year	...	1425.2 hours.
Sunniest day	...	13.2 hours on 27th May.
Sunniest month	...	April.
Days with sunshine	...	297
Total rainfall for year	...	18.36 inches.
Wettest day of year	...	1.28 inches on 13th June.
Mean temperature	...	48.7°
Maximum temperature	...	83° on 1st September.
Prevailing wind	...	South-west.

INSPECTION AND SUPERVISION OF FOOD.

FOOD AND DRUGS ACTS 1938 - 1944.

Number of food premises in the area, by type of business.

Bakehouses	...	42
Bakers' shops	...	93
Butchers	...	125
Dairies	...	4
Fishmongers	...	91
Greengrocers	...	257
Grocers	...	314
Restaurants, cafes, etc.		965

Number of food premises by type of business registered under Section 14 of the Food and Drugs Act or under local Acts made under Section 16.

Manufacturers of ice cream ...	15
Purveyors of ice cream ...	482
Premises registered for preparation or manufacture of preserved food ...	70

A. MILK.

(i) Registration and Licensing.

Milk and Dairies Regulations 1949.

No. of persons registered as distributors	142
No. of premises registered as dairies ...	4

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949-1953.

No. of dealers' (Pasteuriser's) licences ...	4
No. of dealers' (Pasteuriser's - Tuberculin Tested Milk) licences ...	3
No. of dealers' licences to use the special designation "Pasteurised" ...	63
No. of dealers' licences to use the special designation "Tuberculin Tested (Pasteurised)"	19
No. of supplementary licences to use the special designation "Pasteurised" ...	2
No. of supplementary licences to use the special designation "Tuberculin Tested (Pasteurised)"	1
No. of dealers' (Steriliser's) licences ...	1
No. of dealers' licences to use the special designation "Sterilised" ...	123
No. of supplementary licences to use the special designation "Sterilised" ...	3

Milk (Special Designation) (Raw Milk) Regulations 1949 and 1950.

No. of dealers' licences to use the special designation "Tuberculin Tested" ...	27

(ii) Bacteriological Examination of Milk.

During the year, 546 samples of milk were submitted for the prescribed examinations.

	No. of Samples	*Passed*	*Failed*
Pasteurised ...	122	122	-
Sterilised ...	55	55	-
Tuberculin Tested:			
(i) Pasteurised ...	91	91	-
(ii) Farm Bottled ...	278	277	1
	546	545	1

(iii) Biological Examination of Milk.

Twelve samples were procured and submitted to the Public Health Laboratory for biological tests for tuberculosis. All were reported to be negative.

(iv) Summary of Chemical Analysis of Milk Samples.

Period	No. of Samples analysed	Average	
		Fat %	Solids not Fat %
March quarter ...	60	3.433	8.762
June quarter ...	24	3.312	8.896
September quarter...	6	3.550	8.845
December quarter ...	37	3.726	8.852
Year ended 31.12.54	127	3.505	8.837

(v) Inspections and Complaints.

Inspections of dairies, plant and equipment, totalled 284 during the year. Six complaints were received by the Department, three of dirty milk bottles and three of foreign bodies in milk. Full investigations were made regarding the dirty milk bottles, and the responsible dairymen were cautioned as necessary. The complaints regarding foreign bodies were found to be unjustified

B. ICE CREAM.

(i) Registration

The number of premises on the register at the end of the year is shown in the following table -

Type of Registration	*No.*
Manufacturers ...	15
Vendors ...	482
	497

Eight firms are registered in respect of 17 mobile vans for the sale of ice cream - a requirement of the Corporation's Act of 1947 - all vehicles are provided with sinks and hot and cold water supplies

A total of 951 visits to ice cream premises was made during the year.

(ii) Bacteriological Examination.

One hundred and forty-nine samples were submitted to the Public Health Laboratory for examination by the Methylene Blue Reduction Test, and were classified in accordance with the standards suggested by the Ministry of Health, as follows:-

Grade 1	*Grade 2*	*Grade 3*	*Grade 4*
82	39	13	9

(iii) Chemical Analysis.

The following table summarises the fat content of the seven samples of ice cream submitted to the Public Analyst for analysis.-

Percentage of Fat	*6%*	*8%*	*9%*	*10%*	*14%*
No. of samples	1	1	2	1	2

(iv) Ice Lollies.

Sixty samples were submitted to the Public Health Laboratory for examination; fifty were reported to be satisfactory and ten unsatisfactory.

C. ARTIFICIAL CREAM.

Twenty-four samples were submitted to the Public Health Laboratory for bacteriological examination; all were reported as being satisfactory.

D. MEAT.

(i) Slaughterhouses

(See also section dealing with Slaughterhouses Act, 1954).

During the year 1954, 11,902 animals were slaughtered and examined at the two slaughterhouses, as detailed below.

	Cattle excluding cows	*Cows*	*Calves*	*Sheep and Lambs*	*Pigs*
Number killed ...	1,300	661	744	2,987	6,210
Number inspected...	1,300	661	744	2,987	6,210
All Diseases Except Tuberculosis:					
Whole carcases condemned ...	–	4	6	3	23
Carcases of which some part or organ was condemned ...	381	100	–	76	179
Percentage of the number inspected affected with disease other than Tuberculosis ...	59.3	15.7	0.8	2.7	3.3
Tuberculosis Only:					
Whole carcases condemned ...	–	4	–	–	8
Carcases of which some part or organ was condemned ...	89	182	–	–	85
Percentage of the number inspected affected with Tuberculosis ...	9.5	28.1	–	–	1.5

Twenty-six specimens were submitted to the Public Health Laboratory for examination.

Cysticercus Bovis.

Nineteen cases were diagnosed and the carcases were dealt with in accordance with official policy.

(ii) Slaughter of Animals Act.

Ten applications for renewal of licences to slaughter animals in slaughterhouses were received, all of which were granted.

E. SHELLFISH.

During the year, 365 samples of cockles were submitted to the Public Health Laboratory for bacteriological examination. Two hundred and seventy-six were reported as "satisfactory", and 89 as "unsatisfactory". All samples were considered to be fit for consumption.

F. UNSOUND FOOD.

In addition to the carcases etc. condemned at the slaughterhouses, the undermentioned foods were voluntarily surrendered as being unfit for human consumption.

Canned goods	...	10,419 tins
Fresh food:		
Meat	...	5,743 lb
Fish	...	196 stone
Miscellaneous	...	2,683½ lb

G. FOOD HYGIENE.

Most contraventions of the Food and Drugs Act 1938 are readily put right, but in 29 instances reports were submitted to the Health Committee, after which the contraventions were remedied without recourse to legal proceedings.

Thirty-three rinsings and swabs of food containers, glasses, etc. were submitted to the Public Health Laboratory; thirty-one were reported to be satisfactory. Improvement in the routine of sterilisation and storage of the containers was secured where necessary, and subsequent tests were reported to be satisfactory.

Four thousand, seven hundred and five inspections have been made, during the year, of premises where food is prepared, stored, or sold, as follows:-

Restaurants, cafes, etc.	...	1,326
Ice cream premises	...	951
Shellfish premises	...	417
Butchers' shops	...	411
Provision shops	...	386
Fish shops	...	215
Bakehouses	...	167
Greengrocers	...	158
Flour confectioners	...	143
Provision warehouses	...	141
Other food premises	...	390
		4,705

H. COMPLAINTS AS TO FOOD AND FOOD PREMISES.

Sixty complaints were received relating to food or food premises; these have been summarised as follows:-

Food

Alleged to be -	
Unfit for human consumption ...	25
Containing foreign bodies ...	19
Adulterated	5

Milk

Dirty milk bottles	3
Foreign bodies in milk	3

Food Premises

Dirty condition of	2
Dirty utensils	3
	60

I. BAKEHOUSES.

The number of bakehouses on the register at the end of the year was 42; this was four less than last year. A total of 167 visits was made to these premises, in the course of which seven contraventions of section 13 of the Food and Drugs Act 1938 were found. All of these were remedied on notice being called to them.

J. REGISTRATION OF HAWKERS AND THEIR PREMISES.

Registration required under the Council's private Act of 1947 ensures the adequate supervision of food on sale by hawkers, and of the premises used by them for the storage of their wares. It also enables the Council to require that food is retailed only from suitable vehicles provided with the requisite facilities for hand washing.

Two applications for registration were received from hawkers.

K. SAMPLING OF FOOD AND DRUGS.

(i) Samples of Food Analysed.

Nature of Sample	*Number*
Milk	127
Cake and pudding ingredients ...	35
Butter, margarine, cooking fats ...	25
Pork sausages	20
Oranges	19
Sauces, soups, spreads, etc. ...	19
Jams, jellies, preserves ...	14
Cordials and squashes	13
Spices, pickles, etc.	12
Beef sausages	9
Vinegar	8
Ice cream...	7
Coffee and chicory	6
Whisky	6
Cereals	3
Tea	3
Cocoa	2
Minced meat	2
Vienna sausage	1

Beef suet	1
Shredded suet	1
Cheese	1
Chocolate cup	1
Cooked peas	1
Corned beef	1
Dried milk	1
Egg noodles	1
Egg vermicelli	1
Foam crystals	1
Honeycomb	1
Jellied veal	1
Liver salts	1
Luncheon meat	1
Mint in vinegar	1
	346

(ii) Unsatisfactory samples.

Of the samples analysed, 18 were reported to be not genuine, details of which, and the action taken in regard thereto, are as follows.

No	*Sample*	*Formal or Informal*	*Nature of Adulteration or Irregularity*	*Observations*
747	Escko Whipping	Formal	Fat 3.1% below declared amount.	Manufacturers cautioned
766	Self Raising Flour	Informal	Contained excessive raising agent (1.65% available Carbon Dioxide.)	
859	Oranges	Informal	Contained Thiourea 10 p.p.m.	Retailer cautioned Local authority in whose area wholesalers are situated informed.
887	Table Jelly crystals.	Formal	Sugar 3% below minimum.	Cautioned.
900	Milk	Formal	7% deficient in fat.	Place of delivery sample procured for Essex County Council.
904	Damson Jam	Informal	Contained traces of Phenols.	Consignment withdrawn from sale.
905	Strawberry Jam			
916	Fat	Informal	Slightly rancid.	Cautioned.
977	Pork Sausages	Formal	7% deficient in meat.	Cautioned.
978	ditto	ditto	7% ditto	Cautioned.
981	ditto	ditto	15% ditto	The Court were not prepared to accept as the sole criterion in cases of this kind the meat content, but accepted the view put forward by the Defence that the quality of the meat was as important as the quantity.
982	ditto	ditto	9% deficient in meat.	Cautioned
984	ditto	ditto	14% ditto 100 p.p.m. Sulphur Dioxide	Having regard to decision re Sample No. 981, no evidence was offered in this case.

No.	Sample	Formal or Informal	Nature of Adulteration of Irregularity	Observations
985	Beef Sausages	Formal	190 p.p.m. Sulphur Dioxide	Fined £2 and one guinea costs.
999	Butter	Informal	2.4% excess water	Cautioned.
1012	Jelly Crystals	ditto	4% deficient in sugar	Remainder of consignment destroyed by retailer.
1028	Pork Sausages	Formal	6% deficient in meat	Cautioned.
1038	Butter	Formal	0.4% excess water	Cautioned. Result of analysis sent to local authority in whose area butter was packed.

REGINALD A. DRAKE,
CHIEF SANITARY INSPECTOR.

HOUSING.

HOUSING REPAIRS & RENTS ACT, 1954.

Housing, which has been a constant pre-occupation since the War, produced a new task for the Department with the passing of the Housing Repairs and Rents Act, 1954. The Government decided that another assault on the existing slums could now be made, and a large number of habitable houses should be prevented from becoming the slums of the future.

Attention has already been drawn to the cumulative effects of the various measures which restrict rent increases. Many owners of rent-controlled property have been unable to meet the cost of proper maintenance and instances of considerable hardship on this account must be known to all public health departments. Other factors threaten the future of many houses built in the last century and even later. Alterations in the structure of families and the ever-lengthening expectation of life, bring a continuing demand for self-contained dwellings, and there is growing impatience with old-fashioned designs and the lack of the ampler amenities which today are regarded as essential.

These older houses are not without their virtues. They can still be let at attractively low rentals, are often convenient to places of employment and entertainment, and most important of all, are sited in areas where some kind of community-spirit has developed, unlike some of the newer aggregations of houses where the selection of owner occupiers has been by ability to purchase, and by housing need for council houses. The decline of a residential area quickens with the years, for the young, the successful and the energetic move out to areas which are more to their taste, while the old, the unfortunate, and the less capable remain behind where they are joined by others like themselves. This process has far reaching consequences not only in the constant demand for new houses, but on social services like schools, clinics

and indeed the whole complex of our welfare society, and it is reasonable to doubt whether the country can any longer afford to allow whole areas progressively to become derelict.

The Act permits moderate and regulated increases in the controlled rents of dwelling houses which are, or may subsequently be put into, a proper state of repair and decoration, so giving an incentive to owners properly to maintain their properties and gives a very modest reward to the good and responsible landlord. It also provides 50% grants towards the cost of approved improvements such as the provision of bathrooms and other facilities, and the conversion of large houses into flats. When an owner takes an "improvement grant" he has to accept the fixing of the rent by the local authority.

Local Authorities can acquire and then "patch and mend" certain houses which are ultimately to be demolished, so as to make them reasonably suitable for habitation until alternative dwellings can be provided. There is no reason to go into detail about these powers; they need not be used in Southend, for they are only intended for areas where the clearance programme is likely to require a long period for its completion.

Each housing authority is required to submit, within 12 months, particulars of the number of houses which must be demolished to effect the clearance of slums together with estimate of the time required to complete such a programme.

Certificates of Disrepair.

Owners seeking to increase rents are required to serve notice of their intention on the tenants. If the tenant objects he can apply to the department for a certificate of disrepair. An inspection of the property occupied by him has to be made so that the Committee can decide whether or not to issue the desired certificate. The existence of such a certificate is an absolute bar to any increase in rent, but if the house is later put in proper order, the owner can then apply for its revocation.

Inspections made for these purposes and involving the possibility of challenge in the courts, are necessarily time consuming and have to take precedence over other important matters.

Improvement Grants.

Improvement grants have so far been a matter of education and advice, and little progress could be reported by the end of the year. They have received a mixed reception from owners and tenants alike. The more responsible landlords have been attracted by the possibility of improving their properties and have been

frank about the need to do so. Difficulties have arisen over finance and in cases where no competitive prices were to be obtained because the owner wished to do the work himself. Good tenants have welcomed the prospect of improvements to their houses and have regarded the permitted increases in rent as being, as indeed they are, a very reasonable price to pay for the added amenity and convenience. Others consider they have some inalienable right to these improvements and should not be required to make any personal contribution to secure them.

Housing Survey.

It is not enough to know that there are houses which lack essentials such as bathrooms, ventilated food stores, hot water systems, and where tenants have to share W.C.s with the occupants of other houses, for the number of individual houses where these deficiencies exist may be largely a matter of conjecture. Similarly while the department is familiar with the problems which are created when a house is shared by more than one family, the extent to which this now happens can defeat the best assessment of experienced officers. The new Act enumerates the following requirements by which the fitness or otherwise of a house is now to be judged, *repair, stability, freedom from damp, natural lighting, ventilation, water supply, drainage and sanitary conveniences, facilities for storage, preparation and cooking of food, and for the disposal of waste water.* It may well be, however, that a house which, when occupied by one family, provides an acceptable home, is woefully inadequate when shared between two. Powers to deal with such conditions and to regulate the number of persons who may occupy the house, and the rooms which may be used as bedrooms, are now conferred.

The Housing Committee was advised that a series of pilot surveys should be carried out to ascertain the nature of the problems, not by any means the same, which exist in various Wards of the town, and to identify those areas where a systematic house to house inspection should ultimately be made.

It seemed folly to suggest an undertaking of this magnitude when we were experiencing such difficulty in maintaining our slender staff of sanitary inspectors but Mr. Drake was convinced that with proper organisation and good supervision much of the work could be carried out by those who, though unqualified, had a sound knowledge of building construction.

Authority was obtained to transfer the Rodent Officer who had much experience of investigating complaints, to housing survey work and to appoint two temporary survey assistants as well as another junior clerical assistant. It was also planned to make full use of the junior pupil sanitary inspectors in

making preliminary enquiries about occupancy and amenities. A circular letter addressed to the householders explaining the reason for the inspection did much to prepare a good reception for your officers and few difficulties were encountered in carrying out the work.

The interest and good will evinced by the public was not only striking but sometimes embarrassing, we realised - as never before - that the public is intensely interested in housing, and were reminded that in spite of all the newer developments in public health, the proper housing of our people must always be a prime concern.

THE SHOEBURYNESS SURVEY.

Shoeburyness was chosen for the first survey. It was begun in August and we quickly learned that our scheme of operation was sound and eminently workable; the inspections went forward so well that before the end of the year all the houses in this Ward which were built before 1925 had been reported upon and we were able to submit the first account of our investigation to the Housing Committee on December 15th.

When the survey was made, Shoeburyness contained 3944 houses and 115 shops with living accommodation, a total of 4059 dwellings, of these 1069, rather more than one quarter, were inspected and reported upon. It was only necessary to inspect 972 dwellings for structural defects.

Overcrowding.

The measure of overcrowding is still the definition of the 1936 Act which takes into account every room which is used for living purposes and is over 50 square feet in area.

This standard masks much inconvenience and some hardship as well as an undesirable lack of separate sleeping accommodation for each sex. Only two instances of statutory overcrowding were found, but in a number of houses the "permitted number" had already been reached or would be when a child in the household attained the age of 10 years.

Small houses occupied by large families must cause their occupants many difficulties; typical examples found in Shoebury are -

(a) Husband, wife.
Sons, 17, 8 and 6.
Daughters, 22, 19, 14 and 10.

This family has three bedrooms, requires four.

(b) Husband, wife.
Sons, 23, 19, 15, 9, 5 and 3.
Daughters, 13, 11 and 7.

This family has two large and two small bedrooms, but requires five. A daughter, aged 7, sleeps at another house.

(c) Husband, wife.
Sons, 15, 12, 10, 2 and 5 months.
Daughters, 7, 7 and 5.

This family has two bedrooms and a boxroom but requires a four or five-bedroomed house.

(d) Husband, wife.
Son, 15.
Daughters, 17, 11, 9 and 3.

This family has two bedrooms but requires four.

(e) Husband, wife.
Sons, 14 and 3.
Daughters, 23, 17 and 12.

This family has two bedrooms and a boxroom but requires a four-bedroomed house.

(f) Husband, wife.
Sons, 19, 15, 13 and 11.
Daughter, 14.

This family has two bedrooms but requires four.

(g) Husband, wife.
Sons, 3 and 1.
Daughters, 14, 12, 7 and 3.

This family has a three-roomed flat but requires a three or four-bedroomed house.

No housing programme can be considered adequate until it makes provision for families who require four or more bedrooms.

At the other end of the scale 116 dwellings or 11% of those inspected were found to be occupied by a single person. This, though high, is below the average for Southend where of 42,785 structurally separate dwellings 6,308 or 14.7% were occupied by one person at the time of the 1951 census.

The following table relating to dwellings occupied by one person is worthy of careful study. It shows an important mal-distribution of accommodation and prompts the suggestion that the possibilities of providing accommodation for single persons and the acquisition of the properties now occupied by them might make a useful contribution to the resolution of present difficulties.

No. of rooms	2	3	4	5	6	7	8	9	*Totals*	
Under 50 years										
Owner/Occupiers	-	-	3	2	2	-	1	-	8	11
Tenants	-	1	1	1	-	-	-	-	3	
50-60 Years										
Owner/Occupiers	-	-	4	3	-	1	-	-	8	18
Tenants	1	3	2	2	2	-	-	-	10	
60-65 Years										
Owner/Occupiers	-	2	-	3	2	-	-	-	7	22
Tenants	3	2	4	1	4	-	1	-	15	
65 Years Upwards										
Owner/Occupiers	-	1	4	11	2	1	-	-	19	65
Tenants	6	3	14	14	8	1	-	-	46	
Total No. Owner/ Occupiers	-	3	11	19	6	2	1	-	42	116
Total No. Tenants	10	9	21	18	14	1	1	-	74	

Demolition Programme.

This town has no slum clearance problem as the term is usually understood, although there are a number of houses which must be dealt with under this programme.

The houses which, prima facie, require to be demolished are mostly well known to the department. They are often cottages which mark the sites of villages and farms which have been swallowed up by the phenomenal expansion of this town, and provide a stark and painful contrast to the prevailing standards of housing here. The Housing Committee has great commitments in respect of the unusually large number of houses which it holds under requisition, and to embark upon a root and branch policy, which would require the rehousing of a substantial number of families, would cause hardship and injustice to many of our citizens who now struggle to bring up families in one or two rooms.

We have, therefore, tried to select for earliest attention those grossly unfit houses in which there are families of young children, obtaining from the owners undertakings not to relet them when vacated. By conferring with owners about the proposals which are to be submitted to the Housing Committee, it has been possible to arrange for elderly tenants to be left in undisturbed possession and to secure the rehousing of others by the landlords instead of the Council.

These procedures are unspectacular and consume time, they call for patience, reasonableness and not a little diplomacy. To carry them out is to invite criticism and considerable misunderstanding from those to whom our purpose and aim cannot be properly disclosed, but the rewards are significant and worthy of the effort, and one is confident that when our work is reviewed as a whole it will command a general measure of approbation. In these matters as always, I have leaned heavily on Mr. Drake's knowledge, prudence and skill in negotiations, which have never failed.

The following schedule gives particulars of the programme provisionally decided upon for Shoeburyness.

	For Demolition within		
	1 yr.	*2yrs.*	*10 yrs.*
No. of dwellings	11	16	46
Occupants: adult	24	38	102
aged 10 - 15	1	1	7
aged under 10	5	10	9
Average inclusive rent	5/4¼d	6/3½d	10/9¾d
Maximum rent paid	8/-	7/5¾d	16/5d
Minimum rent paid	4/-	5/-	5/4d

The particulars concerning rents are important because they demonstrate, first of all, the financial burden which ownership of this type of property must now involve and explain the difficulty of getting defects remedied.

Obviously rehousing could unbalance completely the budgets of those whose conditions we seek to better, and to make policy on housing and structural considerations alone would be unwise.

Defective Houses.

The number of properties with major defects is both disappointing and disconcerting. To remedy these will take all the efforts of the department for some years to come, and this pilot survey has influenced our future time-table. It would be futile for the work of inspection to out-run our means to secure the remedying of defects, or the local resources of labour and material needed to put them right. Lack of balance could result only in frustration and confusion and much work would of necessity require to be repeated as the existing schedules of dilapidation became out of date.

Shoeburyness has an individuality all its own and shows more than any other part of the Borough many of the valuable characteristi of the small town community. Doctrinaire planning and a lavish expenditure of public money could improve out of all recognition its standards of housing. They would, however, destroy a great deal that is of supreme value to the people who live there, that is, a sense of intimacy and the opportunity for mutual self-help and support.

Revolutionary changes would uproot and unsettle many and bear hardly on the elderly. It would be wise to ensure that, as far as possible, the growing families are housed with a reasonable degree of comfort and privacy and allow the more senior members of the population, as far as possible, to remain where they are and continue to live in houses which, with all their defects and deficiencies, are as comfortable and familiar as a well-worn shoe.

The survey threw into sharp relief the differences between houses occupied by their owners and tenants respectively, a contrast which is most vivid when the houses are next to one another as in a terrace.

Owner- occupancy would make the largest single contribution to the preservation of our existing stock of houses. The tables which follow analyse the distribution of various amenities and throw an interesting light upon those which the ordinary owner-occupier regards as most essential and which he is at pains to provide for himself.

1. *Houses in Disrepair*	*Tenants*	*Owner/ Occupiers*	*Total*
No. of dwellings inspected	646	326	972
Major Defects	400	7	407
Minor Defects	232	75	307
No Defects	14	244	258
2. *Water Supply*			
No. of dwellings inspected	668	401	1069
Provided	664	401	1065
Not provided	1	-	1
Internal	635	398	1033
External	29	3	32
Shared	3	-	3
3. *Food Storage*			
No. of dwellings inspected	668	401	1069
Ventilated Food Stores	221	225	446
Unventilated cupboards	245	69	314
Refrigerators	5	9	14
Kitchen Cabinets	115	67	182
Sideboards	34	7	41
Meat Safes	33	22	55
Shelves	1	-	1
Boxes	2	-	2
Dressers	11	-	11
Not used	1	2	3
4. *Sinks*			
No. of dwellings inspected	668	401	1069
Provided	658	401	1059
Not provided	10	-	10
Butlers	402	351	753
Shallow	256	50	306
5. *Artificial Lighting*			
No. of dwellings inspected	668	401	1069
Provided	666	401	1067
Not provided	2	-	2
Electric	548	389	937
Gas	118	12	130
Provided to Whole House	541	382	923
Provided to Part Only	125	19	144
6. *Hot Water Supply*			
No. of dwellings inspected	668	401	1069
Provided	253	293	546
Not provided	415	108	523
Hot water supply provided over:			
Sink	132	95	227
Bath	25	22	47
Lavatory Basin	2	-	2
All three	36	89	125
Sink and Bath	54	81	135
Sink and Lavatory Basin	-	1	1
Bath and Lavatory Basin	4	5	9
7. *Coppers*			
No. of dwellings inspected	668	401	1069
Provided	484	263	747
Not provided	184	138	322
Gas	308	170	478
Electric	64	65	129
Solid Fuel	112	28	140

	Tenants	Owner/ Occupiers	Total
8. Cooking Facilities			
No. of dwellings inspected	668	401	1069
Provided	668	401	1069
Kitchener	10	5	15
Gas Cooker	561	287	848
Electric Cooker	96	108	204
Gas Ring only	1	1	2
9. Baths			
No. of dwellings inspected	668	401	1069
Provided	493	360	853
Not provided	175	41	216
In bathrooms	142	227	369
In Kitchen/Scullery	72	39	111
Portable baths	279	94	373
10. Sanitary Accommodation			
No. of dwellings inspected	668	401	1069
Provided	650	401	1051
Not provided	18	-	18
External	456	212	668
Internal	148	187	335
Pail Closet	46	2	48
11. Coal Storage			
No. of dwellings inspected	668	401	1069
Provided	649	398	1047
Not provided	19	3	22
Shed/Bunker	574	386	960
Indoors	69	10	79
Cellar or wash house	6	2	8

SLAUGHTERHOUSES.

Satisfactory control of slaughterhouses was one of the earliest and most urgent of problems confronting sanitary authorities, for the killing of food-beasts in centres of population is as old as the towns themselves, witness the street name "Shambles" in York.

Their control, involving as it did, a nice balance of conflicting and long established interest, has been a halting affair, and it is hardly surprising that the Government found itself compelled, followed the late war, like a predecessor in 1920, to set up an interdepartmental committee to report.

Apart from considerations of town planning, general hygiene and the prevention of avoidable suffering to animals it has always to be borne in mind that efficient inspection of meat begins with the ante-mortem examination of the food animal, and so there could be no adequate and economic inspection while the 12,000 slaughterhouses, half of them in rural districts, which existed in England and Wales in 1938 were used.

In January, 1954, the interdepartmental committee said to the Minister of Food -

> "You asked us as a matter of urgency to consider the form which with due regard to the long-term policy, interim arrangements for slaughterhouses might take, to ensure that meat distribution is satisfactorily carried out when free marketing is resumed next summer".

Its report recognised that a system which was adequate under control, when ordinary commercial considerations could be subordinated to the over-riding national need to make the most of every available ounce of meat, would be neither acceptable nor practicable in a free economy. It stated that many more slaughterhouses would be needed, that great difficulty would be experienced in re-opening and re-equipping existing premises, and in bringing them into a reasonable conformity with prevailing standards - admittedly not high - of food hygiene.

In all the circumstances, it was with little surprise we learned that the inter-departmental committee had recommended: -

> "That the responsibility for seeing that sufficient slaughtering accommodation is available for the needs of each district, in the period pending the implementation of moderate concentration affecting that district, should be placed on the local authority".

Locally, our task was not an enviable one. Meat control was to end in the early summer and we had less than six months to ensure that there would be no breakdown when a free market was re-established.

Five and a half years of war and another nine of rationing had made profound changes in the organisation of the meat trade. Nineteen out of every twenty slaughterhouses in England and Wales had been closed during most of this time. The road transport of cattle and meat had developed very considerably, while the trade of slaughtering had necessarily been carried on by a comparatively small number of men. Recruitment to the butcher's trade had been interrupted and opportunities for proper craft training had been small. It seemed likely that many butchers would never again buy their food animals alive, "finish", and at the right time, slaughter them, a considerable loss to those who value flavour and texture in their meat.

Information about the impact of overseas supplies on the home market was not available and the extent to which large concerns desired to develop a wholesale trade in home-killed meat was unknown.

It was realised economic considerations alone would ultimately determine the pattern of the meat trade, and the function of the local authority was in the first instance to ensure that slaughtering facilities were available and created no bias in favour of any section of the industry. It was obvious that the interests which controlled a slaughterhouse could affect developments profoundly. It was equally clear that the interests of the public, the butcher and the farmer demanded freedom of access to slaughterhouses.

The following circular was issued by the Town Clerk and was followed by conferences with representatives of the butchers, farmers and neighbouring local authorities.

Provision of Slaughtering Accommodation

It will be recalled that in February, 1953, an Inter-departmental Committee on Slaughterhouses was appointed by the Minister of Food (inter alia) to prepare a plan recommending the localities in which slaughterhouses should be sited in England and Wales for the slaughtering of cattle, sheep and pigs, subject to a policy of moderate concentration. As a result of the decision of the Government to discontinue trading in meat when rationing ends this summer, the Committee has published an interim report, a copy of which is enclosed.

The recommendations of the Committee may be summarized as follows:-

(i) That the responsibility for licensing private slaughterhouses should remain with the local authority for the district during the interim period prior to the implementation of moderate concentration.

(ii) That no slaughterhouse, irrespective of its class before the war, should have any privileged conditions to restrict the local authority in its consideration of the application for a grant or renewal of the licence for the premises.

(iii) That local authorities should have discretion where they see fit to determine that the period of operation of a licence issued before 1st July, 1956 should run to 31st July, 1957.

(iv) That the responsibility for seeing that sufficient slaughtering accommodation is available for the needs of each district in the period pending the implementation of moderate concentration affecting that district should be placed on the local authority.

(v) That where a local authority is of the opinion that, during the period prior to the implementation of a scheme of moderate concentration affecting its district, public slaughtering accommodation is required for the needs of its district and, if necessary, for the needs of an adjoining or neighbouring district, it should be empowered, subject to such Ministerial approval as may be necessary, to acquire compulsorily or by agreement, either by purchase or on lease, any existing private slaughterhouse or slaughterhouses that can be used to provide public slaughtering facilities.

(vi) That where a local authority is of the opinion that there is adequate slaughtering capacity available and that public slaughtering facilities are reasonably accessible to traders in its area for use during the interim period it should have powers to revoke the licence of any private slaughterhouse or to refuse the grant or renewal of the licence of any private slaughterhouse subject to the owner and occupier of such premises having the right of appeal to the Minister of Food and subject to the compensation on closure being assessed and paid on the basis of our two following recommendations.

(vii) That the compensation should be an amount representing the diminution in market value, as at the date of closure, of the interest in land (including any buildings and plant) comprising the slaughterhouse and other land (including buildings) held therewith consequent upon the prohibition of the use of the slaughterhouse as such and that any dispute as to the amount of compensation should be determined by the Lands Tribunal set up by the Lands Tribunal Act, 1949.

(viii) That during the interim period and during the period of implementing moderate concentration the cost of compensation in respect of private slaughterhouses closed by reason of the provision of existence of available public slaughtering facilities should be borne initially by the local authority of the district where slaughterhouses are closed and that the Government should make a grant to the authority of one half of this cost.

There is no reason to doubt the acceptance and implementation by legislation of the above recommendations and this will raise immediate problems locally, although until the trade has been properly consulted the likely demand for facilities cannot be estimated with any accuracy. Meantime it is essential that consideration be given to the steps which must be taken, either by this authority alone or in conjunction with neighbouring authorities, to secure adequate and satisfactory slaughtering accommodation to meet the needs of the town and, what is equally important, adequate inspection of meat intended for human consumption in the town. Regard must also be had to likely developments after the initial stage of free marketing has passed and the time arrives for putting into practice whatever scheme of moderate concentration is evolved.

An early meeting between representatives of the Committee and of the local butchers is essential in view of the shortness of time available before meat rationing is brought to an end and the responsibilities mentioned in the recommendations are placed upon the Council.

The situation confronting the Committee was difficult and uncertain. The largest slaughterhouse in the area of the authority had, after its abandonment by the Ministry of Food, become a knackers yard, one had been destroyed by enemy action while several others had been converted to other uses. It seemed likely that applications for re-licensing would be made only in respect of two small slaughterhouses, one of which would be unlikely to succeed.

During latter years the slaughtering for this area had been concentrated in premises in Rayleigh and Benfleet, and if their requisitions were to be transferred, they would be offered in the first instance to the local authorities named. There was no information as to the views of the interdepartmental committee concerning the siting of slaughterhouses in this area, so not only was there much uncertainty about the extent to which slaughtering facilities would be necessary, and for how long the demand for them would be sustained, but no one could know how the provision made to meet the situation would fit in national proposals, then in course of preparation.

It appeared wise to attempt to secure that the existing premises would continue to be available for slaughtering and, if proper safeguards could be arranged, their management should be undertaken by private enterprise which was much better placed to secure the necessary skilled labour and supervision than a public body.

The local authorities were in the advantageous position of having the first refusal of the requisitions and could prevent their reversion to private ownership. It was to the interest of both sides to meet the wishes of the other, and satisfactory arrangements which provided for freedom of access and user on reasonable terms under private management, were agreed without difficulty.

The transition from central to free marketing was smooth, the new arrangements proving even more satisfactory than was hoped, and one has learned of no serious grounds for complaint.

There is now a substanital trade in overseas meat but it is not of the same dimensions as in 1938. Some multiple shops obtain supplies from metropolitan wholesale meat sources, while a local firm with a number of retail shops arranges for such slaughtering as it requires to be carried out in Rochford slaughterhouse. One private slaughterhouse was re-licensed by the Council, the owner spending a substantial sum to improve it. An application in respect of a second slaughterhouse was refused because of the impracticability of bringing the premises up to any reasonable standard.

It has been interesting to notice that the proportion of carcases and organs which have been condemned as unfit has fallen very appreciably since control came to an end. One can only conclude that a good deal of "marginal meat" no longer finds its way into slaughterhouses but goes direct to the knackers yard - its proper destination.

Your staff continues to undertake the majority of the inspections at the Rayleigh Slaughterhouse, an arrangement which has obtained since the Ministry of Food released the requisition of the premises at Barling and increased the capacity of those at Rayleigh. This duty involves considerable overtime for which, under national agreements, no payment is made. It is, however, the only practicable way of dealing with a situation in which a small authority with a numerically inadequate staff of inspectors is faced with the task of inspecting the output of a fair sized slaughterhouse.

It would only be proper to remind the Council that the present arrangements may not be permanent, and that to implement the central policy of "moderate concentration" of slaughtering it may be necessary to embark upon a capital scheme of some magnitude.

The Health Committee has made provision for this eventuality in its forecasts of capital expenditure for the future, but the amounts suggested are likely to prove inadequate. Proper slaughtering facilities in the County Borough are desirable and could be of considerable economic and business importance.

NATIONAL HEALTH SERVICE ACT, 1946. PART II

GENERAL MEDICAL AND DENTAL SERVICES PHARMACEUTICAL SERVICES AND SUPPLEMENTARY OPHTHALMIC SERVICES.

The Services provided under Part II of the Act are controlled by the Local Executive Council, a Statutory body appointed by the Ministry of Health. Certain members of the Town Council continue to serve on the Local Executive Council, and there is a very pleasant relationship between these bodies.

The following extracts from the Report of the Local Executive Council for the year ending March 31st 1954 are included by kind permission of the Chairman, Dr. H. F. Hiscocks to whom, as ever, I am much indebted.

"Though the volume of work has by no means diminished, and with the steady increase in the population of the area, has in many respects increased, the year under review compared with the previous year has been comparatively uneventful. The population of the County Borough has now passed 150,000 and therefore is classified in a higher population group. This is now based on a firm understanding that the figure given by the Registrar General over two consecutive years shall form the basis of the calculation.

In considering the number of medical practitioners on the Council's list the Borough remains divided into 4 areas, namely Leigh, Westcliff, Southend and Thorpe Bay, and Shoebury. Leigh is an intermediate or doubtful area, while the other three are classified as designated. In the designated areas the addition of only one or two practitioners to the lists would produce a change in classification in each case. The average figure for number of patients on individual lists is 2,418, a figure which it is agreed approaches to the ideal.

The Annual Conference of the Executive Council's Association held at Torquay last October was attended by Mrs. D. G. Fane, the Vice-Chairman and myself in addition to our Clerk. It was a meeting of much interest, and was addressed, among others, by the Minister of Health. In the course of his remarks the Minister urged the continued improvement of the liaison arrangements between the different branches of the Service with special reference to clinical teams of officers employed by the Local Health Authority under the clinical leadership of the General Practitioner. To further this aim the Council referred the matter to the Local Medical Committee from whom they have received most helpful co-operation. A small Sub-Committee, to include the Medical Officer of Health, is to be formed, which will consider any aspect of the Health Service of common interest to general practitioners and the Health Department of the Local Authority.

The *Full Council* has met on six occasions but as usual the brunt of the work has fallen on the various Sub-Committees. *The Finance and General Purposes* has met monthly and on it has fallen a great deal of hard work for which especial thanks is due. *The Supplementary Ophthalmic Services Committee* has met quarterly, and its *Sub-Committee* on no less than twenty occasions. This is undoubtedly the hardest worked of all the committees,

and a special word of grateful thanks is due to Mrs. Alderman Broom, its Chairman, and to all the members. The number of sight tests has been 22,800 and the number of pairs of glasses supplied 20,318. During the year there have been two increases in the cost of lenses and of frames. There appears to be a lessening in the number of cases of loss of glasses, and of breakage through carelessness in handling, and one likes to think that the publicity that has been given to the exercise of greater care on the part of the general public is having a beneficial effect.

The Committee have welcomed the reappointment of Dr. J. L. McFadden during the year to represent Ophthalmic Medical Practitioners. During this year, also, for the first time an observer from the Local Optical Committee has been appointed to the Council, and it was with pleasure that we welcomed Mr. S. G. Caulkett as the first representative to hold this post".

STATISTICAL DATA

	Year ended 31.3.53	Year ended 31.3.54	Year ended 31.3.53	Year ended 31.3.54
GENERAL MEDICAL SERVICE			£	£
Number of principal practitioners included in the List	73	72		
Number of assistant practitioners employed by principals	5	5		
Number of persons included in Doctors' Lists	147908	149369		
Number of persons registered as temporary residents	5588	4876		
Total gross payments made to practitioners for General Medical Service			239,271 (inc. £112,134 Danck. Award).	158,776
Total gross payments made to practitioners for mileage			353	352
Total gross payments made to practitioners for Drugs			202	198
Total payments made to practitioners opting out of the Superannuation Scheme			2649	1728
MATERNITY MEDICAL SERVICE				
Numbers of practitioners included in the separate List	45	44		
Total gross payments made to practitioners for Maternity Medical Services			9,718	7,823
TRAINEE ASSISTANT PRACTITIONERS				
Number of assistant practitioners	-	-		
Total amount paid to employing principals			-	-
SUPERANNUATION, EMPLOYER'S CONTRIBUTIONS.			10,169	6862
DENTAL SERVICE				
Number of dentists included in the List	38	38		
Number of Assistant Dentists included in the List	7	5		
Total gross payments made to Dentists in the year			114,682	113,393
Total gross payments made to Dentists opting out of the Superranuation Scheme			515	478
Superannuation, Employer's contributions			4,706	5035
Total amount of Statutory charges to patients			30,701	38,393

	Year ended 31.3.53	*Year ended 31.3.54*	*Year ended 31.3.53*	*Year ended 31.3.54*
SUPPLEMENTARY OPHTHALMIC SERVICES			£	£
Number of Opticians included in the List	25	25		
Number of Ophthalmic Medical Practitioners in the List	4	4		
Number of dispensing opticians included in the List	5	6		
Number of sight-tests authorised up to 31st March, 1954: 144544				
Number of cases dealt with up to the 31st March, 1954, where				
one pair of glasses supplied 74749				
two pairs of glasses supplied 30235				
three pairs of glasses supplied 38				
bifocals supplied 15436				
one lens supplied 1398				
(a) Total amount paid to the profession			33,732	37,983
(b) Total amount of refunds of deposits to patients			284	231
(c) Total amount of Statutory Charges to patients			21,669	24,602
PHARMACEUTICAL SERVICE				
Number of Pharmacists included in the List	54	54		
Number of Pharmacists' establishments included in the List	62	62		
Number of Drug Stores included in the List	3	2		
Number of Appliance Suppliers included in the List:				
Distributors	23	21		
Manufacturers	7	7		
Total amount paid to the Profession			172,382	146,145
Amount of Statutory Charges to Patients			19,112	27,106
ADMINISTRATION				
Number of permanent staff employed	15	14		
Number of temporary staff employed	-	-		
Number of part-time staff employed	-	-		
ACCOUNTS				
Total gross salaries and overtime			6054	5883
Insurance contributions, employer's share			163	170
Rent, rates, lighting and cleaning			327	340
Postage and telephones			693	667
Stationery and printing			465	304

STATISTICAL DATA contd.

	Year ended 31.3.53	Year ended 31.3.54	Year ended 31.3.53	Year ended 31.3.54
ADMINISTRATION ACCOUNTS contd.				
Office Decorations and Repairs, etc.			104	5
Office Equipment			33	20
Travelling expenses and subsistence			31	43
Drug Testing			43	67
Subscription to Association of Executive Councils			10	20
Incidentals			12	3
Employer's Superannuation Contributions			404	413
			8,339	7,935

SUMMARY OF EXPENSES

General Medical Services	252645	167916	(inc. Drugs)	
Maternity Medical Services	9718	7823		
Trainee Assistant Practitioners	-	-		
Dental Service	119903	118906		
Statutory Charges to Patients			30,701	38,393
Supplementary Ophthalmic Service	34016	38214		
Statutory Charges to Patients			21669	24602
Pharmaceutical Services	172382	146145		
Statutory Charges to Patients			19,112	27,106
Administration	8339	7935		
Superannuation Refunds to Medical Practitioners	218	30		
Grand Total	£597221	£486969	£71482	£90,101

NURSERIES AND CHILD MINDERS (REGULATION) ACT, 1948.

Arrangements under this Act were fully described and discussed in the Annual Report 1950, pp 81 and 82. No serious contraventions were found during the year, and conditions were generally reported to be satisfactory.

Registration of Premises (Sect.1 (1) (a)).

Registrations in force January 1st, 1954	3
Registrations in force December 31st, 1954 ...	5
Applications not proceeded with	-
Total number of children "permitted"	119
No. who ceased attendance at registered premises ...	35
No. who commenced attendance at registered premises	119
Children under supervision during year	154
Total visits of inspection	29

Registration of Persons. (Sect.1 (1) (b)).

Registrations in force January 1st, 1954	32
Registrations made during year	11
Registrations cancelled by consent...	17
Registrations in force December 31st, 1954... ...	26
Applications withdrawn	8
Applications refused	1
No. of children "permitted"	244
No. of children "placed" with minders	257
No. of children "withdrawn" from minders	154
Total children under supervision during year ...	327
Total visits of inspection	278

This is not an easy Act to administer, for the procedure which it prescribes is somewhat cumbersome and certainly time consuming. The child who is cared for apart from his mother needs particular attention because the very reasons which impel her to put him with a stranger are those which make her either unlikely or unable to be too particular in her choice.

The superintendent health visitor draws attention to several points which are worthy of consideration. The Act provides no machinery for the cancellation of a registration merely because the person registered either does not, or has ceased to, take children into her care. The presence of the names of such daily minders on the register is a source of embarrassment and wastes the time of your health visitors. She also considers that the power to contribute toward the cost of a daily minder would prevent the need for some children being "taken into care" during the absence or illness of the mothers, as there are many fathers who would, for a short time at least, be able to provide the necessary care at night.

The register of child minders and day nurseries is open to inspection by the public and advice is very frequently sought by those who wish to make arrangements for the care of their children. This work requires judgment and tact and must necessarily take up a good deal of time. For the mother of young children to accept employment which entails her placing a child with a daily minder

is not without possible dangers to the best interest of the child and the stability of her marriage. In these circumstances, wise counselling can play an important part in preventing family difficulties.

It is equally important to ensure that the daily minding is by someone who is suitable having regard to the child's age, family background and particular needs. There are ample opportunities for friction and misunderstanding between a mother and a daily minder; when it develops it is inimical to the best interests of the child who cannot but be affected by this disharmony and may be placed with a succession of daily minders with each of whom he must make his own adjustments. Trouble is less likely where parent and daily minder share both a common outlook and social background and are of comparable economic standing, so it is an important part of the health visitors' work to place the right child in the right environment. Frequently, young mothers, upon advice, change their minds about seeking work because they had not fully understood what harm could ensue from the early separation of mother and child.

The local health authority may refuse to register any person if satisfied "that any person who is employed or proposed to be employed in looking after the children is not fit to have the care of children". There are those whom we could not allege were not "fit" persons to look after children, but who by reason of their personality and temperament are little likely to suit the needs of children. It is to be regretted that the realism of the Children and Young Persons Boarding-Out Rules of 1946 could not have been given a legal form in this Statute.

CHILDREN IN NEED.

The Joint Circular of July 31st, 1950, concerning "children neglected or ill-treated in their own homes" has been reported on in the Annual Report for 1951 (page 101, et seq.) Our conference met regularly throughout the year, and attendances were well maintained. The circumstances of 116 families were reviewed on 271 occasions.

In November Ministry of Health Circular 27/54, "Health of Children - Prevention of Break-up of Families" underlined a great deal which the conference had already taught us. Attention is directed to the bad effects on the health, especially the mental health, of children which often follow the break-up of the family, and suggests various methods by which this may be prevented.

There is emphasis on the particular risks of physical neglect, psychological disturbance and retarded mental development which beset the children in "problem families" where one or both parents

are often of low intelligence or suffer from mental instability. It is precisely these considerations which led the conference to co-opt the psychiatric social worker from our Child Guidance Clinic, and progressively to refer more and more children for psychiatric investigation and advice.

The circular particularly stresses the important part which the health visitor has to play in prevention. This is no new duty but rather one which the good health visitor has always shouldered, and where she has often contributed more than her employers have a right to expect, for every medical officer of health knows of the unobtrusive generosity and devotion displayed towards the families whom they have taken under their wings.

Our arrangements are such that we have very full information about many of the children who are threatened with the dangers to which this circular alludes. What we lack is a more effective way of dealing with them. It has to be recognised that the "problem family" is the resultant of an enormous number of forces some of which are but imperfectly understood. Heredity, disease, up-bringing and nurture, economic circumstances, native ability, all make the pattern of these lives and it is unrealistic to believe, that any social work, no matter how skilled or devoted it may be or lavishly sustained by public funds, can permanently alter it.

The Health Visitor can be of prime importance in dealing with the early stages in the break-up of the family but she is unable to give many "problem families"all the assistance and supervision which alone would be effective. If she attempted to do this she would disrupt the whole of her ordinary work.

To better our performance, the work of the Health Visitor must be reinforced but only by those who are trained and dedicated, endowed with patience and forebearing, sustained by faith and hope, who will make these families their prime concern.

CREMATORIUM.

During the year 989 cremations were carried out at the Southend-on-Sea Crematorium to which the medical officer of health and his deputy act as medical referees.

NATIONAL ASSISTANCE ACT 1948.

Mr. E. A. Beasant, Principal Lay Officer, reports -

"Since 1948 the Health Committee has administered all the Council's duties under this Act, save the disposal of the dead, and experience of the past six years has left no doubt as to the wisdom of integrating the health and welfare services. Apart from the obvious administrative savings and advantages, the proper

co-ordination of the home nursing and domestic help services furnished under the National Health Service Act, with the welfare services made available for the aged under the National Assistance Act, enables old people to remain in their own homes much longer than would otherwise be possible. All services which can be used to this end are exploited to the full and Part III accommodation only provided as a last resort, usually when some degree of supervision is essential by night and day and there are no relatives or friends able or willing to undertake this.

RESIDENTIAL ACCOMMODATION

Accommodation for those who on account of age, infirmity or any other circumstance are in need of care and attention which is not otherwise available to them continues to be provided mainly at Connaught House and at Crowstone House. This is supplemented to the fullest extent by beds in Homes, both general and special, provided by voluntary organisations.

The pressing need for additional beds is evidenced in the following extracts from a report submitted to the Health Committee in July 1954.

> "It is dangerous to be in any way lavish to old age until adequate provision has been assured for all other vital needs such as the prevention of disease and the adequate nutrition of the young". *The Beveridge Report, 1942. Para 236.*

An *Ageing Population.*

The ageing population is the dominant social fact of our time; because it is unspectacular, its inexorable progress, pregnant with menace for the future, still arouses but little concern.

> "In 1901 there were more than five children under 15 for every person of pensionable age, in 1961 ... there will be one child under 15 for every person of pensionable age, and in 1971 the children will be outnumbered by the possible pensioners". *Beveridge 1942.*

While the decreased birth rate of the last fifty years is mainly responsible for this profound change, social and medical progress also contribute continuously to it. Medical science would appear to be of growing importance, as is clearly to be seen from the following Table. *(Report of the Ministry of Health, 1952).*

Expectation of Life (at birth)

	At Birth		At age of one year	
	Male	*Female*	*Male*	*Female*
1871-80	41	45	47	48
1910-12	52	55	48	50
1930-32	59	63	58	60
1942	62	67	64	70
1952	67	72	68	73

There are no signs that the expectation of life will not further increase.

Consequences

These startling shifts in age incidence require a radical revaluation of the needs of the aged, particularly as some of the contributory factors in the situation re-inforce each other. An increased expectation of life means an increasing number of old people. Diminished fertility means fewer young people to look after more aged people. When the average family was of more than five children the burden of one aged parent was likely to be in the proportion of 1: 3; with families of two children the proportion has risen to 1: 1.

These factors increase the need for institutional care in a markedly disproportionate manner. A family of five can often tolerate the burden of an old person whereas smaller family units are unable to do so.

Progressive urbanisation, the continual and continuing break up of our natural social groupings, the fluidity of population (so much desired by economic and other planners), the increased standard of living which makes the old person's contribution to the family income of decreasing significance, and his presence less likely to be tolerated, and the greater degree of freedom now demanded by everyone, all tend to make for the extrusion of the old from the community.

Position of Southend

Nearly all these influences operate so strongly in our Borough that the situation in Southend to-day, is the situation of the rest of the country tomorrow. Our 22,691 people over the age of 65 would ordinarily come from a population of 203,000 and not 151,800. In planning for the old it is, therefore, necessary for you to think in terms of a population of over 200,000; the old in Southend **have increased more rapidly than the old in the country as a whole**, as can be seen plainly from the following Table:

Percentage Population over 65 years.

	Males			*Females*		
England & Wales	1931	1951	Inc. or Dec.	1931	1951	Inc. or Dec.
	6.7%	9.3%	+ 2.6%	8.1%	12.4%	+ 4.3%
Southend-on-Sea	7.9%	11.1%	+ 3.2%	10%	18%	+ 8%

From data available from the 1951 Census reports, it is concluded there will be no material alteration in the number of Southend residents over the age of 65 until 1961, except in so far as movement in or out of the Borough is concerned.

The reasons are not far to seek. Many residents come to Southend comparatively late, their children being already established in life. There is a high proportion of the professional and executive classes here, whose children tend to take up the same employments with the consequence that many of them go to other places. There results reduced social cohesiveness and much isolation which can only result in increased demands for Part III beds.

Present Situation.

Since 1948 the number of persons provided with Part III accommodation by the Council has risen from 261 to 428, i.e. by 61%. Notwithstanding this, the demand for accommodation continues to grow and the waiting list to lengthen. The Health Committee inherited an overcrowded Connaught House; continued efforts have been made to reduce the numbers there, but after 6 years it has to be admitted that the overcrowding has increased to some extent and has now reached a point beyond which it cannot be allowed to go.

Waiting List - Connaught House

Outstanding acceptances 14.7.54		*Men*	*Women*	*Total*
Ages	60-64	1	1	2
	65-69	3	1	4
	70-74	2	6	8
	75-79	2	9	11
	80-84	3	6	9
	85-	1	7	8
		12	30	42
Awaiting transfer from Hospital		4	4	8
		16	34	50
Time since acceptance				
	Under 1 month	3	2	5
	1-3 months	-	6	6
	3-5 months	4	10	14
	6-8 months	5	4	9
	9-12 months	-	5	5
	Over 1 year	-	3	3
		12	30	42

A study of what happens to those who secure admission is interesting. The admissions in 1953 totalled 206.

Age	*Male*	*Female*	*Total*
Under 70	17	25	42
70-80	20	43	63
80-	23	78	101
	60	146	206

The female admission rate was about 2½ times the male rate, **the over 80's represented half the admissions**, one third of which were **women** over that age.

The discharges totalled 212, being 62 males and 150 females, but of the latter 31 were transferred to Crowstone House, so that the true total is 181 (119 women). Of these 181 residents no fewer than 115 were transferred to hospital where 71 of them died. In addition there were 7 deaths in Connaught House. Only a comparatively small minority of those admitted are later able to leave Connaught House under arrangements made by them or their relatives, and when they do so, their absence is often of short duration. Death or the advent of some serious physical or mental complication determine the departure of most.

During 1953, the average time which residents who were discharged had occupied a bed, was 2 years 7 months, and it may well be that overall, the average occupancy these days may be longer.

What kind of people are admitted to Connaught House or remain in the expectation of being admitted in the future?

For the most part, they are those who because of their physical or mental state, and the absence of loving relatives or friends have proved incapable of living outside an institution.

They include some who are blind or nearly so, who are unsuitable for Blind Hostels, those who are severely crippled by arthritis or following "strokes", those who are so weak and infirm as to be unable to move more than a few steps without aid. A substantial number of residents have difficulty in controlling their bladder functions, and about 13% are frankly incontinent. The need to make the best possible use of the accommodation has resulted in a decline in the overall level of activity and alertness, so there are now many for whom reading is an insupportable burden, who require help to dress and undress, assistance with their toilet, and quite a number have to be helped to feed themselves.

This degree of need is indeed far removed from that about which there has been so much well-meaning discussion in recent years. In selecting persons for admission, matters like loneliness and unsuitable accommodation simply cannot be taken into account.

Prevention.

To fill up existing accommodation calls for no high degree of administrative ability, but to prevent the need for it arising is a very different matter. In our experience the admission of a resident to Part III accommodation represents a turning point in his life, for it is with difficulty he ever finds his way back to the ordinary community. The district nurses and the domestic helps are two obvious examples of preventive services. In six years the effective strength of the Home Nursing Service

has been increased 3½ times, and the employment of male nurses has become a permanent feature. Similarly a very considerable part of the 3,250 women hours per week available in the domestic help service is spent on the old and the chronically disabled, so much so, that the service is suffering in attractiveness because there is a smaller proportion of work in connection with maternity and cases of acute sickness.

The domestic help service is the only local service the cost of which is above the national average for local authority functions under the National Health Service Act, although the cost per case assisted is slightly below the average. It will, therefore, be clear that the Health Committee has exploited very fully the more apparent ways of discouraging institutionalisation. It must be conceded that other measures can be devised to further this end; they are the provision of laundry facilities for foul linen from domiciliary patients who are incontinent, and the provision of a short stay hostel, where the old can be admitted temporarily during the illness or absence on holiday of their relatives. In spite of all the difficulties it has been possible to assist a few families in this way during the present year, but a considerable expansion of facilities would be a boon to a great many deserving families. It is, however, our opinion that these developments would make little impact on the facts of the present situation, and would not affect the need for an immediate increase in the number of Part III beds, which is required.

Are there alternatives to more Part III Accommodation?

Full use has been made of Voluntary Homes, both for specialised types of disability and for the aged. It is now rare for voluntary homes to accept the aged who require the same degree of personal attention as most of those who are admitted to Connaught House.

There has been some discussion as to whether arrangements with Boarding House and Hotel Proprietors might not provide a certain number of beds. We are advised that local authorities have no powers at present to incur expenditure on such a scheme; it is moreover, highly doubtful whether any, except a small minority, of potential Part III residents would be acceptable, semi-permanently, in such establishments.

"Boarding-out" also has its protagonists. Here again a local authority has no powers to pay private individuals for looking after old people; a "Boarding-out" scheme might have important possibilities of preventing or arresting progressive deterioration, but would not make any effective contribution in our immediate situation.

Relationship with the Hospital Service.

It may well be asked whether local authorities are not being called upon to do some of the work which is proper to the Hospital Service. The question admits of no short answer, and the situation differs very considerably from one area to another, so depends on how local authorities did their job in the past. The generally accepted dividing line between a hospital and a Part III case is the need for "organised medical or nursing care" and "organised nursing care" is itself a definition which invites discussion. Your officers are of the opinion that while the Council discharges very adequately its responsibilities vis à vis the hospital (50% of admissions to Connaught House are from the Hospital) they are unable to satisfy themselves that there is any serious cause for misgivings, although they would accept that the hospital is treated quite handsomely in the matter of transfers. There are always a few residents in Connaught House whose admission to hospital would be justified, and a few patients in hospital whose transfer to Connaught House could reasonably be asked for. Your officers feel that another local authority has not made the same contribution as Southend has done, and may perhaps leave its Part III cases in hospital longer than we do, to the detriment of our own residents, but this is a matter, the truth of which is very difficult to establish.

There are still a few mental defectives in Connaught House, properly the concern of the Regional Hospital Board, but the Health Committee was unable, prior to 1948, to find alternative accommodation for them so we have but little grounds for complaining about their continued presence at Connaught House, particularly as the Board has begun to move some.

We have little doubt, however, that there are a number of patients in mental hospitals who would be suitable for admission to Part III accommodation, and we foresee the time will come when pressure will be brought to bear on local authorities to provide for them, particularly if, as seems likely, there is amending legislation in regard to the detention of those of unsound mind.

To sum up, we feel we can reassure the Council about the situation as between the Hospitals and the authority, and maintain vigorously that your present liberal attitude has an important bearing on the welfare of all your elderly residents.

Present Needs.

A large number of new beds are required, the first instalment of which should be in service before the winter of 1955. We suggest that plans should be prepared for providing say 250 beds over the next 5 years.

We assess the needs as follows:-

	Male	*Female*	*Total*
To abate overcrowding	20	46	66
To abolish waiting list	16	34	50
To permit of demolishing St. Clement's Block	-	39	39
	36	119	155
To provide additional accommodation	14	81	95
	50	200	250

It is apparent, therefore, to your officers there are only two alternatives open to you at the present time, namely, to acquire and convert an existing building or to provide a new one.

Experience has increasingly demonstrated the limitations of conversion. Difficulties are experienced even with smaller Homes for the more able-bodied, and we have long since come to the conclusion that existing buildings offered for acquisition should provide staff quarters, kitchen and dining-rooms etc. only; the bedroom accommodation for residents should be specially built.

Double beds cannot be used, save in exceptional circumstances, in old people's hostels, so it is more difficult to convert a building into a hostel than intoan hotel or boarding house, and when the accommodation is for people who are frail and who require a good deal of personal attention, the objections to conversion increase proportionately. In fact, it can be said that unless an existing building can be acquired at a ridiculously low figure it is now better to build than convert.

The most reasonable first step, therefore, would be to build an additional block at Connaught House, for this would make for certain economies. We are satisfied that such a proposal would be completely unacceptable to the Ministry at the present time. Proposals to group hostels on one large site would have still less chance of success.

The only feasible plan is, therefore, the development of a number of independent hostels, of the **maximum size** the Ministry will allow, say 50 or 60. A few years ago the central department discouraged anything in excess of 30 beds but with a realism which time has already vindicated, you succeeded in obtaining an upper limit of about double this size, for your proposals.

A programme of say one hostel a year for the next five years would very well meet the case. It has the merit of flexibility if circumstances change.

Each hostel would require a site of ½-¾ acre, and for a variety of reasons, not least of which is the need for abundant part-time female help, your housing estates might offer a number of acceptable sites.

The term "hostel" is not a good description of what is required. The new accommodation should be something between an institution and an hotel. It should cater for people who require a lot of personal attention and assistance, who move with difficulty, are comfortable only in very well heated surroundings, can be expected to retire early, and spend a portion of each day resting and a not infrequent whole day in bed. It should be designed to secure easy and economic circulation and if on more than one floor, it would require a good provision of lifts.

Each floor or wing should accommodate the number of residents for whom it is economic to provide staff, say 25 or 30. Beds should be parallel and not at right angles to windows, and wash basins should be in the bedrooms. W.C's should perhaps be adjacent to bedrooms. Day rooms and dining-rooms should be on the opposite side of a central corridor to the bedrooms. There should be no difference of level on a floor and doors should everywhere be large enough to accommodate wheeled chairs; the W.C. compartments should be large enough to permit the use of special chairs which can be wheeled over the W.C. pedestal.

Quite apart from and independent of the proposals, the abatement of overcrowding and the necessary evacuation of St. Clement's block will have two results, namely the displaced residents will have to be accommodated in new buildings, and the costs of maintaining a smaller number of residents at Connaught House will cause an **increase** in the per capita expenditure there.

The Health Committee requested the Borough Architect to prepare plans and estimates for the erection of a new 60 bedded hostel and to report as to suitable sites.

At the time of writing, a site at Pantile Avenue on a new housing estate has been acquired and a plan for a 60 bedded hostel approved by the Ministry. It is anticipated that the new hostel will be ready for occupation early in 1957, and sites for further hostels are now being sought.

A study of the following tables will demonstrate the changes which have been made since the Health Committee became responsible for this work, and particular attention is drawn to the increasing use made of voluntary Homes under Section 26 of the Act.

Accommodation provided pursuant to Part III of the National Assistance Act, 1948

Accommodated in:	*Persons resident on:*							
	5-7-48	*1-1-49*	*1-1-50*	*1-1-51*	*1-1-52*	*1-1-53*	*1-1-54*	*1-1-55*
Connaught House (Borough cases only)	213	222	227	230	243	288	281	293
Crowstone House	-	-	-	-	-	-	47	54
Other Local Authorities' Homes	25	28	31	30	33	20	15	17
Voluntary Homes under Sec. 26	2	1	37	38	41	43	53	63
Homes for Epileptics	3	3	3	4	4	4	4	4
Homes & Hostels for the Blind	13	15	14	13	6	2	1	2
Mental After Care Homes	5	8	5	5	1	1	1	1
Total	261	277	317	320	328	358	403	434

Persons maintained by Local Authority in Part III Accommodation during 1954.

Accommodation provided in:	*Resident on 1.1.54*		*Admitted during year*		*Discharged during year*		*Died during year*		*Remaining on 31.12.54*	
	M	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*
HOMES OF LOCAL AUTHORITY:										
Connaught House, Rochford ...	90	195	65	157	55	133	8	14	92	205
Crowstone House, Westcliff ...	-	47	-	15	-	6	-	2	-	54
HOMES OF OTHER LOCAL AUTHORITIES:										
East Ham County Borough Council ...	1	-	-	-	-	-	-	-	1	-
Essex County Council	-	1	-	1	-	-	-	-	-	2
Kesteven County Council ...	3	-	-	-	-	-	-	-	3	-
London County Council	1	2	1	1	1	-	-	-	1	3
Norfolk County Council	-	5	-	-	-	-	-	-	-	5
Surrey County Council	-	1	-	-	-	-	-	-	-	1
Middlesex County Council ...	1	-	-	-	-	-	-	-	1	-
Burton-upon-Trent County Borough Council ...	-	-	-	2	-	2	-	-	-	-

Continued.

Accommodation provided in	Resident on 1.1.54		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.54	
	M	F	M	F	M	F	M	F	M	F
HOMES OF OTHER LOCAL AUTHORITIES: contd.										
West Ham County Borough Council ...	-	-	1	-	-	-	1	-	-	-
Kent County Council	-	-	3	1	3	1	-	-	-	-
HOMES FOR EPILEPTICS: ...	-	4	-	1	-	-	-	1	-	4
HOMES AND HOSTELS FOR THE BLIND: ...	-	1	-	1	-	-	-	-	-	2
MENTAL AFTER CARE HOMES:	-	1	-	-	-	-	-	-	-	1
VOLUNTARY HOMES UNDER SECTION 26:										
Sandringham ...	6	15	1	4	1	1	1	4	5	14
Dowsettholme ...	1	4	-	4	-	2	-	-	1	6
St. Martin's ...	-	11	-	5	-	2	-	-	-	14
Rest Haven ...	-	3	-	-	-	1	-	-	-	2
Methodist Homes for the Aged ...	-	1	-	-	-	-	-	-	-	1
Hampstead Old People's Housing Trust Ltd...	-	1	-	-	-	-	-	-	-	1
The Lindens, St. Leonards-on-Sea ...	-	1	-	-	-	-	-	1	-	-
Docklands, Ingatestone	-	1	-	-	-	1	-	-	-	-
Wittington, Medmenham	-	1	-	-	-	1	-	-	-	-
Inglewood, Alloa ...	-	1	-	-	-	-	-	1	-	-
Cripplecraft, Herne Bay	-	1	-	-	-	-	-	-	-	1
Home for Aged Jews, London, S.W. 12 ...	-	2	1	1	-	-	-	1	1	2
Blenheim House, Oldham	-	1	-	-	-	-	-	-	-	1
Alver Bank, London S.W. 4	-	1	-	-	-	1	-	-	-	-
Pembroke House, Gillingham ...	1	-	-	-	-	-	-	-	1	-
Ripon Lodge, London, S.E. 5 ...	1	-	-	-	-	-	-	-	1	-
Singholm, Walton-on-Naze ...	-	1	-	-	-	1	-	-	-	-
W.V.S. Old People's Residential Club, Hampstead, N.W. 3 ...	-	1	-	-	-	1	-	-	-	-
Eastwood Lodge, Eastwood	-	-	-	2	-	-	-	-	-	2
Glebe House, Lexden...	-	-	-	1	-	-	-	-	-	1
Millfield, Prittlewell	-	-	-	1	-	-	-	-	-	1
Royal Hospital & Home for Incurables, London, S.W. 15.	-	-	-	1	-	-	-	-	-	1
Home and Hospital for Jewish Incurables, London, N. 15. ...	-	-	-	1	-	-	-	-	-	1
Loughton Lodge, Loughton	-	-	-	1	-	-	-	-	-	1
St. Edith's, Leigh-on-Sea	-	-	-	3	-	-	-	-	-	3
Villa Adastra, Hassocks	-	-	-	1	-	-	-	-	-	1
Pentecostal Eventide Home, Bakewell	-	-	-	1	-	-	-	-	-	1

CROWSTONE HOUSE.

This Home, with accommodation for 55 first accepted residents on 8th April 1953 and has fulfilled the function which was expected of it. During the year a total of 15 residents were admitted, 9 on transfer from Connaught House, 5 from their own homes and 1 direct from hospital. A total of 6 were discharged, 1 to Connaught House, 2 to private addresses and 3 to hospital and 2 died, so that on the 31st December, 54 women were in residence, their ages being as under:-

Under 70	*70 - 79*	*80 - 89*	*90 and over*
7	21	22	4

Although it is the main purpose of Crowstone House to provide accommodation for those who are able with supervision to attend to their own personal needs such as dressing, feeding etc. , and appreciate the facilities and accommodation provided in this type of home, it is significant that the Matron and her staff are always prepared when residents deteriorate, to provide a much greater degree of care and attention than was originally expected and are very reluctant to seek the transfer of a resident who does not need hospital attention, although this frequently involves their getting up in the night.

The provision by the Committee of a television set and the fortnightly visit of the Toc H film unit proved a source of great pleasure to and is much appreciated by the residents .

At the end of the year the Home had been operating for twenty-one months, a sufficient period to be able to judge its success - and there can be no doubt of this.

The Committee have been singularly fortunate in their choice of Matron, whose understanding, and firmness when necessary, have engendered a most desirable and homely atmosphere.

CONNAUGHT HOUSE.

As will be seen from the foregoing tables, it was not possible to reduce the overcrowding at Connaught House; in fact the number of residents at the end of the year was eleven more than that at the end of 1953, although the number of Essex County Council residents was reduced by five.

In spite of this, the Committee's policy of improving the standard of comfort and amenity has steadily progressed and those who knew Connaught House well in 1948 can derive considerable satisfaction from the changes which have already taken place, and look forward with hope and confidence to the future. The ability of the residents to appreciate improved conditions varies according to their degree of mental and physical deterioration, particularly the former, and the experience of

recent years cannot other than confirm our early view that a large number of beds of the "institutional" type will always be necessary to provide for a degree of deterioration and decrepitude which is beyond remedy.

With a view to their rehabilitation, considerable efforts were made during the year to classify the residents according to their ability to appreciate better amenities, and although scope is limited by the small number of large wards, much was achieved by "promotion" to better wards. A good proportion of women who graduated by stages to "The Square", a pleasant unit of 15 beds on the periphery of the grounds, were eventually transferred to Crowstone House.

Age of Residents.

	Males	*Females*	*Total*
Under 60	13	14	27
60 - 69	11	21	32
70 - 79	36	63	99
80 - 89	29	97	126
90 and over	6	23	29
	95	218	313

Of a total of 313 residents, 155 or 49.5% were over the age of 80.

Essex County Council Residents.

As will be seen from the following tables, the number of Essex County Council residents was reduced by 5 during the year.

Resident on 1.1.54		*Admitted during year*		*Discharged during year*		*Died during year*		*Remaining on 31.12.54*	
M	F	M	F	M	F	M	F	M	F
3	18	1	-	1	4	-	1	3	13

Admissions		*Discharges*	
M	F	M	F
1 from Rochford Hospital	Nil	1 to Rochford Hospital	3 to Rochford Hospital 1 to St. Peter's Hospital, Maldon. 1 Died in Connaught House

TEMPORARY ACCOMMODATION.

The difficulties inherent in making temporary provision for homeless families have been fully discussed in previous reports.

During the year, 37 cases were investigated, and in 21 of these temporary accommodation was provided at Connaught House as under:-

	No. of cases	*Length of stay*
Individual males	5	4 for 1 night 1 for 3 days
Individual females	10	8 for 1 night 1 for 2 nights 1 for 3 days
Mother and 1 child	2	Both for 1 night
Mother and 2 children	2	1 for 1 night 1 for 2 days
Parents and 2 children	1	Father 13 nights Mother and 1 child 16 days 1 child 2 days (admitted to Hospital)
Parents and 3 children	1	1 night

BUILDINGS AND EQUIPMENT.

As part of the programme to improve and modernise the buildings, a substantial amount of work was undertaken during the year, the more important items were as follows:-

An underground electric main was laid to replace old and dangerous overhead wiring and extended to "The Square" at a total cost of approximately £2,400.

The ground cleared by the demolition of the Old Centre Block was laid out in lawns with attractive paths, and ramps provided at the entrances to the wards. This has given the whole of Connaught House a much improved appearance and the garden offers a pleasant outlook from the windows of the new buildings affording considerable pleasure to many residents whose condition precludes their leaving the wards.

The stage was removed from the occupational therapy hall, and W.C. accommodation and a ramp for wheel chairs provided.

One of the major improvements was in the kitchen. We are very grateful to Mr. S.C. Castell, M.H.C.I., Pier Catering Manager, for his advice and help in redesigning the kitchen. The existing equipment, which had been in use for very many years and had become very out of date, was badly sited and expensive of fuel. It has now been almost completely replaced by modern equipment, including a new refrigerating plant at a cost of approximately £2,700.

The demolition of the former centre block, built in 1832, made St. Clement's Ward the oldest remaining building, it having been erected in 1857. Unfortunately it is not possible to recommend its demolition unless and until it is replaced by a modern ward, ample space for which is available in the grounds, and it is the earnest hope of your officers that the Ministry may recognise the wisdom of such a scheme in the not too distant future.

The internal redecoration of the Ward was essential, and despite the bare brick walls, the colour scheme suggested by the Borough Architect has made it cheerful and has made more acceptable a building which, by reason of age and general lay-out, is completely unsuitable.

An innovation during the year was the provision by the Committee of television sets on four of the wards. These have proved invaluable, for in addition to providing pleasure and interest to the residents, they achieve the very desirable aim of stimulating their mental processes, and it is hoped to extend this provision to all the wards.

The Committee, the residents and the officers alike continue to owe a great debt of gratitude to our friends of Toc H, whose untiring efforts during the year have added so much to the comfort and happiness of those in our care. In addition to their regular visits to entertain, the Southchurch Branch presented a television set to Calvert Ward, which was and still is very much appreciated, the South East Essex District Toc H Film Unit provided regular fortnightly film shows; Southchurch, Leigh and Rochford Men's Branches and Leigh and Belfairs Women's Branches afternoon and evening outings; the Belfairs Women's Branch the trolley shop service, and the Rochford Branch the library service. Thank you Toc H!

In conclusion I should like to record my appreciation of the work and co-operation of the Superintendent and his staff. There is no glamour in attending to the needs of the aged, work which is best done by those with a vocation, and despite the unavoidably overcrowded conditions which prevail at Connaught House the staff always give of their best".

NATIONAL ASSISTANCE ACT, 1948 - SECTIONS 29 & 30.

BLIND WELFARE

Voluntary.

The Southend-on-Sea Blind Welfare Organisation, which has been fully described in previous reports, is now well established. It has attracted a large and enthusiastic band of voluntary workers, whose activities increase year by year. The

success of the Social Club, which meets twice weekly and provides entertainment and recreation of the kind most suitable for blind people, has been such as to encourage the Organisation to give preliminary consideration to the acquisition of its own premises for this purpose, possibly in conjunction with a residential Home for the Blind. In this, one of the major objectives of the Organisation, we wish them every success.

Wireless.

The British Wireless for the Blind Fund supplied 11 new wireless sets during the year as well as 3 H.T. batteries and 3 accumulators which enabled unserviceable sets to be repaired and re-issued. The cost of repairing and maintaining many wireless sets installed in the homes of blind persons was borne by the voluntary organisation, and this is, of course, money well spent.

Registration.

Register of the Blind	*Males*	*Females*	*Total*
Number on Register 1-1-54	140	224	364
Left Borough during year...	6	13	19
Died during year	14	25	39
Transfers in from other areas	8	13	21
Newly registered during the year ...	17	34	51
De-certified during the year	1	4	5
On register 31-12-54	144	229	373
In Homes for the Blind	-	2	2
In other Homes including Part III ...	2	23	25
In M.D. Institutions	2	2	4
Register of Partially Sighted			
Number on Register 31-12-54	31	54	85

Age Periods of Registered Blind Persons

	0	*1*	*2*	*3*	*4*	*5-10*	*11-15*	*16-20*	*21-30*	*31-39*	*40-49*	*50-59*	*60-64*	*65-69*	*70 and Over*	*Unknown*	*Total*
Males	-	-	-	-	1	-	1	-	3	10	8	21	16	10	74	-	144
Females	-	-	1	1	1	2	1	2	3	7	6	19	10	34	142	-	229
Total	-	-	1	1	2	2	2	2	6	17	14	40	26	44	216	-	373

Age at Onset of Blindness

	0	*1*	*2*	*3*	*4*	*5-10*	*11-15*	*16-20*	*21-30*	*31-39*	*40-49*	*50-59*	*60-64*	*65-69*	*70 and Over*	*Unknown*	*Total*
Males	11	-	-	-	1	1	1	3	17	9	17	17	14	16	36	1	144
Females	17	-	1	-	1	8	-	4	6	3	16	25	24	23	101	-	229
Total	28	-	1	-	2	9	1	7	23	12	33	42	38	39	137	1	373

During the year arrangements were made with Mr. D.P. Choyce, F.R.C.S., to review the B.D.8 certificates of a large number of persons on the Blind Register with a view to ascertaining whether further treatment might improve their vision. Mr. Choyce selected a number for re-examination, but, as we expected, many refused the offer despite every possible persuasion from the Home Teachers and the co-operation of their general practitioners. A number did, however, consent to re-examination and subsequent treatment and the review was still in progress at the end of the year.

Cases newly registered during year.

Forms B.D.8 were received in respect of the following:-

	Males	*Females*	*Total*
Certified blind	17	34	51
Certified partially-sighted	8	10	18
	25	44	69

Persons whose names were entered on the register of the blind during 1954 were aged.-

Under 10	*51-55*	*56-60*	*61-65*	*66-70*	*71-75*	*76-80*	*81-85*	*86-90*	*91-95*	*96-100*
2	1	2	6	7	3	7	13	7	2	1

Causes of Blindness. (Persons notified 1954. Total 51).

(i) Primary Cataract. Total 21.

(a) Suitable for surgical treatment, ages 79, 80, 67, 88, 81, 80, 77.

(b) Not suitable for surgical treatment, ages 79, 84, 86, 78, 87, 83, 69, 98, 52, 76, 63, 86, 70.

(ii) Primary Glaucoma. Total 10.
Ages, 84, 84, 90, 75, 84, 68, 57, 62, 66, 70.

(iii) Diabetes. Total 4.
Ages 62, 75, 75, 65.

(iv) Errors of Refraction. 1 aged 82.

(v) New growth. 1 aged 7.

(vi) Local infection. 1 aged 84.

(vii) Injury. 1 aged 69.

(viii) Arterio-sclerosis. Total 2. Ages 83, 58.

(ix) Congenital defect. Total 2. Ages 62, 67.

(x) Senile macular degeneration. Total 6. Ages 82, 77, 88, 91, 90, 85.

(xi) Retrolental fibroplasia. 1 aged 2.

(xii) Hyperpiesis. 1 aged 78.

Retrolental Fibroplasia.

One child who was suffering from this condition came to notice during the year. This was a premature female child with a birth weight of 2lb. 8oz. Retrolental fibroplasia was observed soon after birth. Her general condition necessitated retention in hospital for a lengthy period and she proved in addition to be severely mentally retarded. On attaining the age of two years she was admitted for an experimental period to the Parents' Unit at Court Grange, Abbotskerswell, for observation, pending a trial at Sunshine House, Leamington Spa, but it is considered likely that she will prove to be ineducable.

Partially Sighted.

Persons whose names were entered during 1954 in the register of the partially sighted were aged:-

Under 45	*51-55*	*56-60*	*61-65*	*66-70*	*71-75*	*76-80*	*81-85*	*86-90*	*Total*
4	1	1	1	2	1	3	1	1	15

Follow-up of Registered Blind and Partially Sighted Persons.

	Cause of Disability			
	Cataract	*Glaucoma*	*Retrolental Fibroplasia*	*Others*
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends:-				
(a) No treatment	15	9	1	21
(b) Treatment (medical, surgical or optical)	11	3	-	6
(ii) Number of cases at (i)(b) above which on follow-up action have received treatment.	6	3	-	4

Ophthalmia Neonatorum.

There were four cases of ophthalmia neonatorum notified during the year; all of them recovered completely without any impairment of vision.

Work of the Home Teachers.

A total of 1102 visits was made to blind persons in their homes, during which 86 lessons in embossed type were given.

The handicraft class continued to meet weekly, instruction being given in chaircaning, weaving, netting, string-bag making and other crafts.

Home Workers.

At the end of the year there were 2 home workers in receipt of augmentation of wages, 1 engaged in basket making and 1 in circular machine knitting.

Periodicals.

Periodicals in Braille and Moon type continued to be supplied free of charge to local blind readers, whilst many of them continued to avail themselves of the library facilities afforded by the National Library for the Blind, to which the Local Authority makes an annual grant.

Use of Deck Chairs on Promenade and Cliffs.

Passes were issued to 285 blind people by the Council's Entertainment Committee to enable them to avail themselves of facilities to use deck chairs on the promenade and cliffs. The renewal of this privilege was much appreciated.

EPILEPTICS AND SPASTICS. CIRCULAR 26/53.

Such information as the department has about epileptics and spastics was set out in the report for 1953, (page 126, et seq.) to which there is nothing material to add.

NATIONAL ASSISTANCE ACT,, 1948. SECTION 37.

Registration of Disabled Persons' or Old Persons' Homes.

		Registered at 31.12.54.
Homes for Old Persons:	*No.*	*No. of beds*
Voluntary	2	43
Private	†13	†91
Homes for Old and Disabled Persons:		
Voluntary	1	30
Private	‡12	‡105

† 1 home also registered under Southend-on-Sea Corporation Act.
‡ 2 homes " " " " " " " "

Homes registered under Section 144 Southend-on-Sea Corporation Act, 1947: ...	5	43

SECTION 47. REMOVAL OF PERSONS IN NEED OF CARE AND PROTECTION (NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951).

This section empowers the removal of persons "suffering from grave chronic disease" or who, "being aged, infirm or physically incapacitated are living in insanitary conditions" and, under proper safeguards, their detention in hospitals or other suitable institutions. Your medical officer is authorised in such cases to make application direct to a judicial authority, and during

the year he felt it incumbent to use these powers in regard to an elderly woman living alone and suffering from a fungating carcinoma of the breast. When she had steadfastly refused to enter hospital the department had reinforced the efforts of her own doctor by providing assistance from the home help and home nursing sections. What we could do, however, was still insufficient for the patient, who required morphia medication. Her doctor came to the conclusion that she could no longer remain where she was, a view in which your medical officer concurred completely. We were however, very distressed when the patient survived her removal for only about 24 hours.

SECTION 48. TEMPORARY PROTECTION FOR PROPERTY OF PERSONS ADMITTED TO HOSPITALS.

It is mostly persons admitted to Mental Hospitals whose property requires the protection provided by this section, and so it is convenient and logical to call on the duly authorised officers to do this work. Two hundred and forty-five visits were made during the year. The work is time-consuming and can, upon occasion, be very unpleasant.

SECTION 49. RECEIVERSHIPS.

The temporary protection of the property of persons admitted to hospitals not infrequently involves the Department in a more permanent concern with their affairs. Notwithstanding the assistance from the Town Clerk's Department, for which we are most indebted, the discharge of the duties of Receivership continue to be tedious and exacting. Where estates are so small as to be unable to support the charges constantly made by banks and solicitors, and there are no friends or relatives willing or able to act, the local authority must do so, but one does not accept that the public health department is necessarily the most suitable agency for this work. It is suggested that consideration be given to some alternative arrangement.

SECTION 50. DISPOSAL OF THE DEAD.

The local authority has the duty of arranging for the burial or cremation of the bodies of persons dying within the area, in default of action by a relative or friend. The Cemeteries Registrar arranged 4 funerals after investigations had been made by the Health Department.

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COUNTY BOROUGH OF SOUTHEND-ON-SEA

ANNUAL REPORT

ON THE WORK OF

THE SCHOOL HEALTH SERVICE

For the Year 1954

COUNTY BOROUGH OF SOUTHEND-ON-SEA

ANNUAL REPORT

ON THE WORK OF

THE SCHOOL HEALTH SERVICE

For the Year 1954

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1954.

WELFARE AND SPECIAL SERVICES SUB-COMMITTEE OF THE EDUCATION COMMITTEE

Chairman:
Alderman Mrs. C. Leyland, O. B. E.

Vice Chairman:
Reverend Canon P. C. Lee.

Ex Officio:
Chairman of Education Committee:
Councillor A. V. Mussett.

Vice Chairman of Education Committee:
Councillor L. W. Johnson, J.P.

Chairman of Maternity & Child Welfare Committee:
Alderman Mrs. M. Broom

Alderman P. B. Renshaw, I. S. O.
Councillor Mrs. W. M. H. Dalwood.
Councillor Mrs. H. Crawford.
Councillor O. A. Moss, F. H. A.
Mr. E. S. Bowyer.
Miss E. O. Dowsett.
Mrs. S. S. Sylvester.
Miss M. E. Reay, C. B. E., J. P.
Mrs. M. K. Bates.
Mr. H. Cloke, M. A.

STAFF OF THE SCHOOL HEALTH SERVICE

A. WHOLE-TIME OFFICERS

Principal School Medical Officer:
J. Stevenson Logan, M. B., Ch. B., D. P. H.

Deputy Principal School Medical Officer:
J. Conway Preston, M. R. C. S., L. R. C. P., D. P. H.

School Medical Officers:
John Greenhalgh, M. B., B. S., M. R. C. S., L. R. C. P., D. A.
Dorothy Kirby Paterson, M. B., B. S., M. R. C. S., L. R. C. P., D. P. H.
Dorothy Irene Klein, M. B., Ch. B., D. Obst. R. C. O. G. appointed 8. 2. 54.

Principal School Dental Officer:
Edgar C. Austen, L. D. S., R. C. S. (Eng.).

Assistant School Dental Officer:
Kenneth Ballantyne, L. D. S., R. C. S. (Eng.). appointed 4. 1. 54.

Superintendent Health Visitor:
Miss Edith Roberts.

Health Visitors and School Nurses:

Miss K.M.Burnett, retired 14.7.54.
Miss M.N.Withams.
Miss D.E.Stevens.
Mrs.U.MacGrath.
Mrs.A.M.Hart.
Miss F.L.Blackbourn.
Miss M.K.Lock.
Miss B.M.James, resigned 31.10.54.
Mrs.J.M.Fairfax.
Miss L.M.Marshall, resigned 31.10.54.
Miss M.Jagger, appointed 11.1.54, resigned 30.11.54.
Miss M.Brennan, appointed 18.1.54.
Miss J.M.Gaillard, appointed 26.7.54.

Student Health Visitors under Training:

Miss L.M.Millow, appointed 20.9.54.
Miss B.A.Russell, appointed 20.9.54.

School Clinic Nurse:

Miss D.L.Willis.

Educational Psychologist:

Hubert J.Wright, B.Sc.

Psychiatric Social Worker:

Miss D.L.Freeman-Browne.

School Clinic Attendant:

Mrs.S.Winterflood.

Dental Attendants:

Miss I.J.Sinclair.
Mrs.J.A.G.Wakefield, appointed 25.1.54.

Clerks:

Mrs.B.P.Hurrell.
Mrs.D.Desmond, resigned 31.3.54.
Miss L.C.Howell.
Mrs.M.Bosworth.
Miss C.Moore, appointed 21.6.54.
Mrs.M.Webber, (née Arkcoll).

B. PART-TIME OFFICERS

Psychiatrist:

H.Bevan Jones, M.R.C.S., L.R.C.P.,D.P.M.

Speech Therapist:

Miss P.Road, L.C.S.T.

Assistant School Dental Officer:

Ronald Salter, L.D.S.,R.C.S.(Eng.),appointed 1.2.54.

ANNUAL REPORT

The report now submitted is, once more, mainly the work of my deputy, Dr. J. C. Preston, to whom my indebtedness continues to grow. The success of the School Health Service and its reputation with the public, no less than its influence with the teaching staffs, is in large measure due to him, not only for his general oversight of the service but for his personal work for individual children who present special problems.

As is shown, the work of the School Health Service has been well maintained in spite of increasing staff difficulties, particularly in the recruitment of health visitors and school nurses.

The report by Mr. Wright, Educational Psychologist, concerning the educational retardation of children who have severe hearing losses, summarised herein, is, in my opinion, of first rate importance and merits special attention. The School Health Service has for many years shown a particular interest in both the deaf and the partially deaf child and has always been anxious to make the best use of facilities for expert diagnosis and early treatment both medical and educational.

The imaginative action of the Committee in sponsoring treatment in Switzerland for children suffering from chronic severe asthma has been one of the noteworthy events of the year, and all concerned with this development will watch the future progress of these children with great interest.

Increased attention has been paid to the search for possible sources of infection with tubercle in school children and with experience we progressively improve our techniques of investigation and our confidence in them. In recent years, evidences of serious infection in schools have been reported from other areas. There are no reasons for believing that such a melancholy event has occurred here, and with a growing awareness of the importance of this matter and the co-operation of our teachers we should in the future be able to increase our safeguards against infection.

In conclusion may I acknowledge most gratefully the support received from the Committee, its officers and teaching staffs, together with all members of this Department, upon whose consistent and enduring work our successes are built.

J. Stevenson Logan

PRINCIPAL SCHOOL MEDICAL OFFICER.

STAFF

The vacancy in the establishment of whole-time assistant medical officers was filled by the appointment of Dr. Dorothy I. Klein on the 8th February.

Mr. Kenneth Ballantyne joined the staff as whole-time school dental officer in January, and the following month Mr. Ronald C. Salter was appointed as part-time dental officer for 5 sessions a week. In consequence a second dental attendant became necessary and Mrs. J.A.G. Wakefield took up duty at the end of January.

The retirement, in February, of Dr. D.D. Evans who had been for many years Consultant Ophthalmologist to the Authority, was an occasion of regret both to the Committee and to the staff of the Department. Dr. Evans was appointed in 1923 and remained in the service of the Authority until the advent of the National Health Service in 1948. His association with the Department was happily continued thereafter under the arrangements with the Regional Hospital Board, and the Eye Clinic is still held on school clinic premises under the direction of his successor Mr. D. P. Choyce. The Committee's unanimous resolution of appreciation of Dr. Evans' long service to the children of the Borough, gave formal expression to the gratitude which is felt, in particular by his medical colleagues, who had learned to rely upon his mature judgment and to value his personal friendship.

There were further changes in the staff of health visitors and school nurses, which remained below strength throughout the year. Miss K. M. Burnett, who in the course of many years had established a special place for herself in the regard of her colleagues and of the people of Southchurch, retired in July on attaining the age limit.

Her services, and those of Miss M. Butcher who retired last year, have been retained temporarily for 3 sessions a week. Miss B. M. James and Miss L. M. Marshall resigned in October, having obtained commissions in the Army Nursing Service.

Miss M. Brennan and Miss M. Jagger joined the staff in January, and Miss J.M. Gaillard in July. Miss Jagger resigned her appointment in November when the opportunity of taking over a "mother and baby" home, work in which she has a great personal interest, occurred.

To overcome the continuing difficulty of recruitment of trained health visitors and school nurses, the Joint Health and Education Committee decided to sponsor the training of student health visitors, and two students, Miss L. M. Millow and Miss B. A. Russell were accepted for the course at the Royal College of Nursing in September, 1954.

In the latter part of the year, with the further depletion of the staff of school nurses, Mrs. C. Bamfield was engaged on a sessional basis as required, to assist at routine medical inspections in the areas where there was no regular school nurse.

Hitherto it has been the practice to require all candidates for appointment to the Authority's staff, of whatever category, to be examined by the school medical officer. Entrants to the teaching profession are now examined on leaving their training colleges and are required to satisfy the Ministry of Education of their physical fitness. This examination includes an x-ray of the chest. In consequence of these arrangements the Committee decided in September to omit the requirement of medical examination locally for new entrants to the profession coming from training colleges. All other teachers newly appointed to the Authority's service, such as those transferring from other Authorities, are still required to be medically examined, as are non-teaching staff subject to the Local Government Superannuation Act.

ROUTINE MEDICAL AND DENTAL INSPECTIONS.

The number of children medically inspected in the routine age groups was 6,120. The larger number inspected in the previous year (7,535) was attributable to arrears of inspection, overcome when the staff of assistant medical officers was increased to three. The number examined this year is much as would be expected from the present school population, and in fact, includes all children due for inspection who were present in school at the time of the medical officer's visit. Special inspections and re-inspections increased from 10,050 to 14,084; part of this increase is occasioned by special projects such as tuberculin test surveys, B. C. G. vaccination, and an investigation into the prevalence of plantar warts.

The findings of routine medical inspection present a familiar picture which does not vary much from year to year. The clinical assessment of "general condition", which has well recognised limitations in its application to the individual, shows a consistently favourable trend in the mass since the immediate post-war years. Some caution should be enjoined in attempting to assign reasons for this. High wages and family allowances, the milk-in-schools scheme, and the school meals service, may all justly claim some credit; but there are many other imponderable factors, among which the long battle of preventive medicine, and social education in its widest sense, should not be overlooked.

The pattern of defects found at routine and special inspections follows closely those of previous years. Apart from defective vision, diseases of the respiratory tract form the largest group, followed by minor orthopaedic defects. Enlarged tonsils and adenoids are still a very common finding, though there is nowadays less confidence in regarding them as pathological and more caution in advocating their surgical removal.

With the augmentation of the dental staff it was possible to increase the number of dental inspections, although the major emphasis had still to be placed on overcoming the arrears of treatment. The number of children inspected by the dental officers at periodic inspections was 9,710, compared with 2,487 in the previous year, when the Principal School Dental Officer was working single-handed.

PROVISION OF MILK AND MEALS.

From the 1st October local authorities became responsible for the provision of milk in accordance with Section 49 of the Education Act, when local offices of the Ministry of Food were closed. Milk supplied under the Milk in Schools scheme is obtained from three contractors, all supplies being pasteurised. Children attending maintained primary and secondary schools are entitled to receive ⅓ pint of milk per diem free of charge, and children in nursery classes and the Open Air School double this amount. Since milk is now easily available, little use is made of the arrangements whereby children may receive free school milk at a school or meals centre during the holidays; children who are unable to attend school on account of sickness may have their milk sent home.

The school meals service supplied a daily average of about 10,290 meals from 22 kitchens, 14 of which serve only the dining rooms in the same school, while the remaining 8 supply in addition container meals which are transported to 18 outside

school departments in 10 schools. The total number of meals served, and the daily average, was somewhat larger than in the previous year, because of the increased number of children on roll, but the percentage of children in the primary schools who receivedschool dinners fell from 37 to 35; the figure for the secondary schools remained unaltered at 52 per cent.

Apart from the opening of the kitchen at Fairways Junior School, no major projects were completed during the year although a number of minor improvements were effected. In recent years restrictions on building and expenditure have slowed up the programme of modernisation of kitchens and dining accommodation. The excellent conditions to be seen in the new schools and in the kitchen-dining rooms erected since the war serve to emphasise the inadequacies of some of the older buildings. The washing up of food utensils in a portion of the school cloakrooms is, on hygienic grounds, unacceptable and also restricts cloak-room accommodation at a time when there are more children in the schools than ever before. Moreover, overcrowded dining halls, and the haste engendered by the necessity for two sittings, are not conducive to the inculcation of good social habits, which is a minor but important function of the school meals service.

There was no outbreak of food-poisoning attributable to school meals. The dangers inherent in mass catering and the importance of a sound knowledge of elementary food hygiene for all who work in the school meals service is well appreciated by the Committee and its officers. Ministry of Education Circular No. 272, which was issued in January, stresses the importance of good equipment and working conditions, including adequate toilet and ablution facilities for the staff, and lays down a code of practice which may serve as a model to all those engaged in the preparation and handling of food. It has long been the Authority's practice to impress upon its staff the need for scrupulous attention to personal hygiene, and to require them to report the occurrence of intestinal symptoms, skin diseases or respiratory discharges, and contact with infectious diseases in their homes. These requirements apply to all workers and cannot be too frequently emphasised. In addition, supervisors need to keep constantly in mind the special risks attaching to "made up" dishes and pre-cooked foods. Pre-cooking is often represented as unavoidable, but the following quotation from Circular 272 is quite categoric, and its prohibition should be considered.

> " In school canteens it ought not to be necessary to cook food the day before it is to be eaten. Even in rural areas with many central kitchens, and where an early start has to be made in the morning, it has been

found possible for all food to be cooked and eaten on the same day. What can be done in a large county can be done in school canteens elsewhere in the country.

If all food were kept cold till it was cooked, if the cooking were done thoroughly, if all cooked food were eaten immediately after cooking or cooled down at once and kept cool till it was to be used, there would be very little food poisoning in school canteens".

ARRANGEMENTS FOR TREATMENT.

1. GENERAL.

With the exception of the long-delayed inauguration of the Leigh dental clinic there was no change in the various clinic services, details of which are set out below.

A. School Clinics.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Afternoons at 2.15 p.m. from Monday to Friday throughout the year.

No.70, Burnham Road, Leigh-on-Sea.

Wednesday afternoon at 2.15 p.m. throughout the year.

Council Offices, High Street, Shoeburyness.

Thursday afternoon at 2.15 p.m. throughout the year.

Eastwood High School, Rayleigh Road, Eastwood.

Monday afternoon at 2.15 p.m. during term-time only.

B. Minor Ailment Treatment Centre.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Mornings from 9.0 a.m., Monday to Saturday throughout the year. (Treatment by School Clinic Nurse.)

C. Dental Clinic.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Two surgeries. Open daily, mornings and afternoons for 11 sessions a week. The clinic is open for the treatment of emergencies every morning at 9.0 a.m.

No.70, Burnham Road, Leigh-on-Sea. (Opened 2.2.54)

Five sessions weekly. Tuesday, Wednesday and Thursday mornings and Tuesday and Wednesday afternoons.

D. Eye Clinic.

Regional Hospital Board Clinic held on Local Authority premises.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Tuesday morning at 9 a.m., alternate Friday mornings at 10 a.m. and Thursday afternoon at 2.15 p.m. throughout the year.

E. Orthoptic Clinic.

Regional Hospital Board Clinic held on Local Authority premises.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Seven sessions a week - Monday, Tuesday, Wednesday, Friday and Saturday mornings and Tuesday and Friday afternoons.

F. Child Guidance Clinic.

Psychiatrist provided by Regional Hospital Board.
Premises and ancillary staff provided by Local Authority.

No.20 Warrior Square, Southend-on-Sea.

The Clinic works on an appointments system. The psychiatrist attends on 4 sessions a week, on Monday and Friday throughout the year.

G. Speech Therapy Clinic.

No.20, Warrior Square, Southend-on-Sea.

The clinic works on an appointments system. The Speech Therapist attends daily, mornings and afternoons, except Wednesday morning and afternoon and Saturday morning, when she is engaged on work for the Hospital Management Committee. The time-table is subject to variation when the Therapist has to visit schools to interview head teachers.

The central clinic premises at the Municipal Health Centre provide three consulting rooms for medical officers, a minor ailment treatment room, two dental surgeries with a recovery room, and an ophthalmic clinic with dark room, together with waiting hall and ancillary offices. The special inspection clinics at Burnham Road, Leigh, and the Council Offices, Shoeburyness, are combined with diphtheria immunisation sessions, and the premises are shared, though not simultaneously, with the maternity and child welfare services of the local health authority. The clinic at Eastwood High School, which is only open during term time, uses the two-room medical suite of the school, which has the disadvantage that the only access to it is through the school hall.

The school health service has always been primarily a preventive and advisory service, and the range of treatment provided directly by the education authority has tended to contract since the advent of the national health service. This need occasion no regret if it eliminates redundancy and if the services available to the children are as good or better than those which they replace. The joint provision of clinic services by the Regional Hospital Board and the education authority, without attempting to define too narrowly the boundaries of each, operates to the common advantage of both, and of the third and most important party, the patient. The arrangements between the education authority and the North East Metropolitan Regional Hospital Board and the Southend Group Hospitals Management Committee have been working smoothly for several years now. Co-operation in mutual endeavour promotes understanding and good relations between the various branches of the preventive and curative health services. We are fortunate in having not only close personal contacts with the paediatric and other departments of the hospital, but a large measure of goodwill

among the general practitioners. This, like friendship, needs to be fostered: co-operation cannot be achieved by administrative precept, not by passing resolutions. It depends ultimately upon human relationships, mutual respect and tolerance, and a realisation by all concerned that the services are complementary and not competitive.

2. MALNUTRITION.

Serious malnutrition is uncommon and is usually due to causes other than poverty, such as chronic ill-health or a low standard of home care, or both. Free milk and meals are available during term time on medical recommendation or on evidence of economic need. Approximately 6% of children taking school meals receive them free of charge. Cod liver oil and malt and Parrish's Food are available free on medical recommendation.

Children who are unable to attend school for a substantial period, mainly the more seriously physically handicapped or educationally subnormal whose educability is doubtful, are able to receive milk equivalent to the school allowance at home, under the Welfare Foods scheme.

3. MINOR AILMENTS.

There was no change in the arrangements for daily treatment of minor ailments at the Municipal Health Centre. Some treatment is also undertaken at the peripheral clinics at Eastwood, Leigh and Shoeburyness, where medical inspection clinics are only held once a week. Ordinarily the school nurse responsible for the clinic would try to arrange to treat individual children there during the week, but shortage of staff has curtailed this, and children from these areas have therefore to make the journey into Southend to the central treatment clinic.

The decline in the number of attendances at inspection clinics, which was commented upon last year, was arrested, and there were 4,149 attendances, compared with 4,038 in 1953. Attendances for treatment again increased, from 3,895 to 5,434.

4. UNCLEANLINESS AND VERMINOUS CONDITIONS.

Advice and treatment are freely available at the Municipal Health Centre. Every effort is made to secure cleanliness by persuasion and help rather than compulsion, and as has been the case for many years, there was no occasion to resort to legal proceedings.

The total number of examinations by school nurses was 46,195 compared with 42,462 last year. In view of the staff difficulties this is a considerable achievement on the part of the nurses.

Only 141 children were found to be infested, compared with 189 in 1953 and 234 in 1952. The record of cleanliness of the school children has been very satisfactory in recent years, and this is mainly attributable to the diligence of the school nurses. The majority of parents are, of course, careful and conscientious, and take a pride in their children's cleanliness, but without regular inspection and constant vigilance on the part of the nurses, one child who is verminous can spread contagion in a class in a very short time. The preparation most commonly employed in the school clinic for head infestation is an emulsion of D.D.T. This has been found very satisfactory both for its lethal effect on the louse and in facilitating the removal of nits. This latter is a most important function of any cleansing procedure. If residual nits are allowed to remain in the hair the parent cannot tell in say, a week's time, whether nits which she observes are the old dead ones or a fresh infestation. A number of effective preparations for disinfestation carry the instruction that the hair should not be washed for seven to ten days after application, the object being to retain the lethal effect of the preparation until such time as all the nits have hatched out. This is scientifically sound but tactically unfortunate. The families whose children are most frequently and heavily infested are those to whom the advice to abstain from washing is singularily inappropriate. Moreover, although a child whose head has been treated may be quite "safe" to return to school, it is both unwise and socially objectionable to allow him to do so until all nits have been removed. To delay removing nits therefore means loss of school time.

Scabies, which was a national problem during the war years, has become a relatively rare disease, and the treatment facilities available at the school clinic are now seldom used.

5. CONVALESCENT TREATMENT.

Fourteen children were provided with convalescent treatment for periods varying from two to six weeks. Applications for convalescent treatment are received from the school medical officers, general practitioners, and the Child Guidance Clinic. Children are sent to a variety of Homes, mainly in the southern counties, administered by voluntary bodies such as the National Sunday School Union, the Invalid Children's Aid Association, and the Jewish Board of Guardians.

6. DENTAL TREATMENT.

Mr. E. C. Austen, Principal School Dental Officer writes:

"The Dental Staff situation was greatly improved in 1954, with Mr. K. Ballantyne commencing duty as full-time Dental Officer

on 4th January and Mr. R. Salter as part-time Dental Officer on 2nd February, This enabled the Committee to open the new Dental Clinic at Burnham Road, Leigh, on the 2nd February.

The Burnham Road Clinic is very well equipped and furnished and comprises a separate waiting room, recovery room and surgery. The surgery is a bright well-lit room and is equipped with a new Rathbone Dental unit; the recovery room is fitted with three rinsing basins complete with hot and cold running water.

The opening of this Clinic in the west end of the borough satisfied a long-felt need for the Leigh area. A great deal of school time is saved, because parents can call at the Leigh schools and take their children to the Clinic and then back to school again within a short while whereas attendance at the Southend Clinic involves the loss of a whole school session.

During the year, 9,710 children received a routine dental examination and there were 2,662 "specials", bringing the grand total to 12,372. This is the highest total since the population returned to normality after the evacuation years.

As a result of the extra staff, a gratifying increase in the volume of conservative dentistry was noted, no fewer than 6,418 fillings being inserted. The number of children attending as 'Specials' was slightly lower than the previous year, being 2,662 as compared with 2,986, and it is to be hoped that this figure will continue to decrease as the rate of routine inspection and treatment increases.

It is a very noticeable point, that on routine examination in the schools, a high percentage of children receive dental treatment from practitioners in the National Health Service; to illustrate this it can be cited that at one school of 663 pupils it was only found necessary to refer 297 for treatment.

Orthodontic work still retains its popularity with conscientious and thoughtful parents, and during the year 92 new cases were undertaken. This work, however, has to be kept in the right proportion with routine examination and treatment; consequently not more than 1/11 of the total sessions is allocated to orthodontic work. During the year, 26 children were fitted with artificial dentures, the majority of these were the result of accidents to anterior teeth".

7. EYE CLINIC.

As indicated earlier in this report, Mr. D. P. Choyce succeeded Dr. D. D. Evans as consultant ophthalmologist in February. Dr. Foster Smith continued to conduct refraction clinics on Thursday afternoons and alternate Fridays. There was

no change in the administrative arrangements whereby the clinic, which is the responsibility of the Regional Hospital Board, is held on the premises of the local authority, who also provide clerical assistance. The number of children who attended the clinic was 1,170, compared with 1,315 in the previous year.

The incidence of visual defects found at routine and special inspections does not vary much from year to year. The number of children considered to require treatment (including cases of squint) was 1,477, or 307 more than the number who attended the clinic. This difference can be regarded as indicative of either a lengthy waiting list or a failure to obtain treatment, though some parents elect to do this through other channels. It remains the policy of the school health service to refer children with defective vision to the consultant ophthalmologist for opinion and advice.

8. ORTHOPTIC CLINIC.

This clinic is provided by the hospital management committee although held on school clinic premises. The number of sessions was increased this year from five to seven per week.

In addition to 201 children from the County Borough, who made 1,547 attendances, a rather larger number of children attended from a wide area of the County of Essex. The relative proportion of Borough and County children attending the clinic is bound to vary. It depends upon the number of children referred by the ophthalmologists for orthoptic investigation and treatment, and upon the availability of similar services in the County area.

9. DISEASES OF THE EAR, NOSE AND THROAT.

Children requiring specialist advice for these conditions are referred to the out-patient department at Southend General Hospital. Poliomyelitis being absent this year, there was no occasion to interrupt the performance of tonsil and adenoid operations, and 653 school children were submitted to this procedure, compared with 218 in the previous year. Nevertheless it is understood that the hospital's waiting list is still formidable. As has been pointed out in a previous report, only a minority of these patients are now sent by the school health service. In the present year only 209 children seen at routine and special inspections were regarded as requiring treatment for enlarged tonsils and adenoids, and "treatment" in this sense does not necessarily mean operative treatment, so that the number referred for specialist opinion was somewhat smaller, and presumably the number of those for whom the consultant surgeon advised operation may have been smaller still. It is, however, not possible to make valid comparisons from the number of these operations performed this year, because part of the load is

represented by the effort of the hospital authorities to overcome the arrears caused by the restrictions imposed by two successive years of poliomyelitis prevalence.

PARTIAL DEAFNESS

Reference has been made in the last two reports to the ascertainment of hearing defects in children. This year attention was directed to the related problem of educational retardation due to partial deafness. The Educational Psychologist, Mr. H. J. Wright, was invited to make a survey of 20 children known to be partially deaf but attending ordinary schools, in some cases with hearing aids, in order to compare their potential ability as revealed by intelligence tests, with their actual attainment.

Mr. Wright, in the course of a most valuable and illuminating report, showed clearly that some of these children are seriously handicapped in attainment from causes other than impaired mental capacity, and are in need of special educational treatment to help them to overcome their disability.

Each child was tested individually, using a non-verbal intelligence test and a word reading test, supplemented by an oral vocabulary test in some cases. The non-verbal scale of the Wechsler Intelligence Scale for Children (W.I.S.C.) was selected in order to overcome the language disability of children, some of whom might have been grossly handicapped in the development of their oral vocabulary. In order to test attainment, the Schonell Graded Word Test was used. Arithmetic tests were not employed as it was felt to be more important to survey the verbal attainments of the children in the limited time available.

Two of the children left the town before the survey was completed, and one child's parents refused to participate in the test. The results therefore relate to seventeen children and are summarised in the following Table.

C.A. = Chronological Age. R.A. = Reading Age.

Name	*C.A.*	*R.A.*	*I.Q.*
E.L. (girl)	14:9	13:2	128
A.A. (boy)	13:7	5:1	94
J.E. (girl)	11:2	9:0	93
W.B. (boy)	10:8	6:6	110
P.W. (girl)	10:2	8:3	100
E.B. (boy)	9:9	7:9	104
J.M. (boy)	9:2	9:0	100
R.S. (boy)	9:0	9:9	106
T.S. (boy)	8:11	8:4	114
F.W. (girl)	8:8	6:9	90
J.W. (girl)	8:1	5:8	92
H.M. (girl)	8:8	10:5	128
K.T. (girl)	8:0	8:4	119
M.W. (boy)	7:10	7:2	120
M.K. (boy)	7:6	5:5	103
R.E. (boy)	7:1	5:5	90
M.E. (girl)	5:7	5:0	108

The average intelligence quotient on the W.I.S.C. non-verbal scale was 105 for this sample. The mean I.Q. of Southend children as shown by tests of the Moray House type is a little above the average, and it seems reasonable to assume therefore that these children represent a typical random sample of the intellectual ability of children in the Borough. It is also permissible to conclude that the non-verbal test sucessfully surmounted the language handicap.

The average Reading Age for the group was 7 years, compared with an average Chronological Age of 8 years 8 months, so that the group as a whole was nearly two years behind its mental age in its reading attainment.

Treating the group as a whole, however, averages out the deviations and thus hides marked individual differences. There are four children who show gross impairment of their oral vocabulary, and all but two were judged to require supplementary educational help in some degree. There are several cases of children who appear superficially to be unimpaired until account is taken of their intelligence quotients. It is then seen that a child of well above average ability is performing at a level which would be expected of the rather dull child.

A striking illustration of the effect of partial deafness is afforded by the following passages from Mr. Wright's report.

> " One of the partially deaf boys, William, had an identical twin brother, not handicapped by partial deafness. On the Terman-Merril Scale, William obtained an Intelligence Quotient of 75 whereas his brother, John, scored 114. Thus the one appeared to be a dull boy and educationally subnormal, the other to be of good modern school standard. Given non-verbal tests, however, their scores were markedly parallel. Thus on Matrices they both scored at the 75th percentile point level; on Koh's Blocks they both scored a good average, in fact William was just ahead of John. On a non-verbal test, in which simple oral instructions were given, they again both scored average. Their vocabularies differed tremendously. John had an average vocabulary, whereas William, at the age of eleven had a vocabulary level of that of a child of six .
>
> " When it is borne in mind that in non-verbal tests and in simple situations in which but little learning enters these boys score the same, the impairment, which seems almost certainly due to the partial deafness, is the more marked. One of the *ad hoc* tests which were given to these twins was that of drawing squares with circles inside. On such simple tests the twins scored alike, both producing 28 little drawings in 3 minutes. When they were asked to reproduce the alphabet backwards, the handicapped twin lagged far behind his brother. William showed his handicap in every situation in which learning plays a role. Not only, however, has his school learning been handicapped, but quite clearly his learning outside school. Although now fitted with a hearing aid and being able to hear adequately, this boy is showing some resistance to progress".

The main conclusions to be drawn from this limited survey are that some special provision is required for children suffering from partial deafness to enable them to overcome their handicap and make full use of their talents, and that to be effective it is essential that the diagnosis be made as early as possible so that remedial measures can be applied before the child's attainment has begun to lag behind his ability.

10. ORTHOPAEDIC DEFECTS.

Children found to have orthopaedic defects are referred to the consultant orthopaedic surgeon at Southend General Hospital. The quarterly clinic at which children referred through the Local Authority's services are seen collectively, was held as usual, under Mr. G. L. W. Bonney, and latterly under Mr. J. H. Shelswell. The number of children attending as out-patients was 102, and 34 children received in-patient treatment.

The children seen at the quarterly clinic are now referred mainly on account of minor orthopaedic defects such as flat feet and faulty posture, because those with more severe deformities, who need to attend more frequently, tend to be absorbed into the ordinary hospital appointments system.

Cerebral palsy, which has attracted widespread attention in recent years, presents a complex medical problem involving the departments of paediatrics, orthopaedic surgery, and physical medicine, apart from its educational aspects which are more particularly the concern of the local authority. The hospital has had difficulty in maintaining an adequate staff of physiotherapists to enable it to meet all its commitments. The education committee approved a proposal to employ a part-time physiotherapist at the open air school to undertake general remedial work, not restricted to the treatment of children suffering from cerebral palsy. The fact that no appointment has yet been made is not solely due to the shortage of trained staff. It is recognised that adequate arrangements for the treatment of cerebral palsy in the area are of joint concern to the hospital service and the local authority, and consultations have taken place between the various members of the consultant medical staff concerned and the principal school medical officer, from which it is hoped that a comprehensive plan will emerge for the establishment of a special consultative clinic for spastics, with a physiotherapist with special experience of this condition, who would devote part of her time to the treatment of children attending the open air school.

11. SPEECH THERAPY CLINIC.

There was no change in the organisation of this clinic, which has been described previously. The services of the speech therapist are shared by the hospital management committee to the extent of three sessions a week, a system which has the advantage not only of increasing the opportunities for co-operation between the hospital and the school health service, but of enlarging the field of clinical experience and interest of the therapist.

The majority of the children attend for treatment at the clinic, but the therapist visits the schools for diagnostic interviews and for consultation with head teachers. A group of children suffering from cerebral palsy with speech defect is visited by the therapist at the open air school, and from time to time other treatment groups have been conducted on school premises, where there are several children in the same area whose defects are susceptible of group therapy.

During the year 129 children made 1,564 attendances; 65 new patients were accepted for treatment and 38 were discharged.

The conditions for which children received treatment during the year are shown in the following table:-

Diagnosis	*Boys*	*Girls*	*Total*
Dyslalia	43	16	59
Stammer	43	5	48
Cleft Palate ...	4	6	10
Delayed Speech ...	3	4	7
Cerebral Palsy ...	1	4	5
	94	35	129

12. CHILD GUIDANCE CLINIC.

The clinic is provided jointly by the Education Authority and the Regional Hospital Board, and is therefore open to children referred from any medical source within the catchment area of the hospital, as well as to those selected by the school health and psychological services of the County Borough. The psychiatrist, who also acts as specialist medical officer for the ascertainment of maladjusted pupils, attends for four sessions a week, while the educational psychologist devotes half of his time to activities connected with the clinic and the other half to his work in the schools.

There are few aspects of the art of medicine which can be called an exact science, and psychiatry is perhaps more recondite

and less precise than somatic medicine. Child guidance work tends to be doubly misunderstood. There is still a diminishing band of those who "don't believe in it", but there are also those who have an uncritical faith in its ability to work miracles despite such handicaps as a broken home, low intelligence, domestic discord, or home conditions of the "social problem" type. It is necessary to recognise that there are problems of emotional disturbance in childhood which, by reason of cognate circumstances, are not susceptible of solution by attendance at the child guidance clinic alone, and which if psychotherapy were to be undertaken, would make inordinate demands on our resources having regard to the number of other patients and the limited time at the disposal of the psychiatrist.

The following table shows a summary of the work done at the clinic during the year:-

CHILD GUIDANCE CLINIC.

Part Time Psychiatrist:

Interviews with children	617
Interviews with parents	646
Interviews with Head Teachers, Probation Officers and other agencies	43

Psychiatric Social Worker:

Interviews with parents	709
Interviews with children	178
Visits to schools	8
Home visits	256
Visits - other agencies (e.g. Probation Officers)	287

Educational Psychologist:

Interviews with children at clinic	1,275
Interviews with children at school	396 *
Interviews with parents	399
Interviews with Head Teachers	293
Interviews with Probation Officers and other agencies	16

* includes 120 group-tests.

The following tables show the sources of referral in the 155 cases referred to the clinic during the year, and the age range of the children concerned.

Sources of Referral	*Boys*	*Girls*	*Total*
Parents	13	8	21
School Medical Officer ...	11	9	20
Probation Officers	3	-	3
Private Doctors	22	27	49
Head Teachers	16	9	25
Juvenile Courts	4	-	4
Other Agencies	6	3	9
Children's Officer	3	-	3
Medical Officers (S.G.H.) ...	3	2	5
Educational Psychologist ...	9	7	16
	90	65	155
Age Range			
Under 5 years	8	7	15
5- 7 years	20	14	34
8-10 years	27	24	51
11-13 years	24	13	37
14-16 years	7	7	14
16 + ...	4	-	4
	90	65	155

FOLLOWING-UP AND WORK OF NURSES.

As noted earlier, the principal problem during the year was the continued difficulty in recruiting trained health visitors and school nurses. The School Health Service and Handicapped Pupils Regulations 1953 require that every nurse employed for the purposes of the School Health Service shall possess the qualifications prescribed for a health visitor. There are however a number of circumstances in which the requirement may be dispensed with, among which is "unavoidable lack of qualified nurses".

In order to carry on the more essential and immediate responsibilities of the service it has been necessary to employ nurses who do not possess the health visitor's qualification. So far as possible it has been the Committee's policy to allocate these nurses to routine medical inspections and to clinic duties, so as to leave the permanent staff more free to undertake the specialised duties on their districts, where the training and experience of the health visitor is more particularly required. Even so, the number of follow-up visits shows a decline from 3,232 in 1953 to 2,164 this year. When circumstances make it impossible to undertake all the domiciliary visiting which is desirable, some system of selection is inevitable, and priority has to be given to infectious diseases, verminous conditions, and the more important remediable defects, and to visiting parents who have not been present when their child was medically examined and are therefore not aware of the medical officer's findings.

The emphasis on prevention and what has been called "positive health" which should inform the school health service as a whole, has a particular importance for the health visitor and school nurse. She is the essential field worker who has opportunities of contact not only with the child in school but with the parent in the home. Much of her teaching is of necessity individual and unobtrusive, but her role in more formal education is increasingly recognised and sought after, particularly in the secondary modern girls' schools, where the programme of talks to senior girls was fully maintained despite the other preoccupations of the nurses. Apart from the direct value which may be expected to accrue from the sowing of knowledge of healthy living in the receptive soil of adolescence, the opportunity of preaching as well as practising preventive hygiene is both stimulating and rewarding to the nurses themselves, and thanks are due to the heads of the various schools who have welcomed and encouraged them.

The following table shows the follow-up visits made by the nurses during the year:-

	No. of Children	*No. of Visits*
Enlarged tonsils, adenoids or mouth-breathing	236	238
Squint or defective vision	301	312
Deformities	37	37
Verminous conditions ...	129	140
Infectious diseases ...	245	336
Contagious skin diseases ... (Impetigo, Scabies, Ringworm)	7	7
Malnutrition, neglect etc ...	12	13
Defective teeth	6	7
Tuberculosis	20	22
Other conditions, e.g. ... Blepharitis, Bronchitis, Otorrhoea, etc.	997	1,052
Total	1,990	2,164

HANDICAPPED PUPILS.

" Today it is still rare to find existing the conditions which would render it possible for subnormal children to make full use of their limited abilities and potentialities. In school they are very often educationally more backward than they need be; and in both adolescence and adulthood many of them present serious problems which would not have arisen had they been properly cared for in childhood."

This extract from a report of a Joint Expert Committee of the World Health Organisation (W.H.O. Technical Report Series No. 75) has particular reference to the mentally subnormal child, but it has sufficient general validity to check any complacency in our attitude towards the provision for handicapped pupils of all categories. What has been said earlier in this report shows that it is certainly true of the partially deaf. It is also true of cerebral palsy. While much has been done, there is much that remains to be done. In planning for the needs of handicapped children, therapeutic and educational considerations must go hand in hand. The educationist looks to the physician for expert diagnosis and assessment, but treatment and education are often inseparably linked. A hearing aid is a medical appliance; it is also an essential educational tool. Physiotherapy is medical treatment; it is also specialised physical education. The moral of this is that it is not enough to provide a building and teachers; the boundaries between the functions of the education authority and the national health service inevitably overlap, and the interests of the handicapped child, and hence the purposes of education, are best served by the closest possible co-operation between the two, without a too nice particularity in delineating the responsibilities of each.

It is considerations such as these which have led the Committee to take a broad and enlightened view of their general duty under Section 48 of the Education Act to make arrangements for securing that comprehensive facilities for free medical treatment are available to school children. Thus, convalescent treatment is provided free by the education authority, whereas if undertaken by the local health authority there is a statutory obligation to recover costs: in the investigation and treatment of hearing defects the Committee have been generous in the payment of travelling expenses to facilitate the attendance of children at special clinics in London, and as has been shown, the authority is willing to play its part in the development of special services for children attending the open air school.

There was no change in the arrangements for the ascertainment of handicapped pupils which have been described previously. Ascertainment of the more severe degrees of handicap is believed to be virtually complete and reasonably early. There is some lag in ascertainment of the educationally subnormal, and probably also in the partially deaf. As shown elsewhere, it is in these categories and in cerebral palsy, that the arrangements for special educational treatment are also least satisfactory.

The value of the provision of home tuition for the limited number of very severely handicapped children is difficult to measure by any material standard of progress, but is nevertheless self-evident to those who have the opportunity of seeing the eager interest with which they await the teacher's visits, and their parents' pride in their modest achievements. Not all the children recommended for home tuition are of this degree of educational handicap; there are a few whose speech and intellect are unimpaired and for whome home tuition is a temporary expedient until they can be admitted to special schools. Hospital tuition was continued in the children's wards at Southend General Hospital. Here again, the technical results are difficult to assess because children come and go, and the age range is wide, but of its value to the mental welfare of the child in hospital there is no doubt.

Although the numbers receiving tuition at home or in hospital are few, the present provision of one whole-time teacher only permits of one visit to the hospital and two visits of about forty-five minutes duration per week to each child at home. The capacity of some of these children to absorb instruction is limited, as they soon tire, but the results achieved leave no doubt that the value of the service would be greatly enhanced by the provision of an additional

teacher for home and hospital tuition, so that the children could be visited more frequently.

In December 1953 five asthmatic children were sent to Kinder Sanatorium pro Juventute, Davos, Switzerland, under arrangements made by the trustees of the Alexandra Fund, the education authority making a grant towards the cost of their maintenance. It was the intention that they should remain there for two winters, a total period of nearly eighteen months, terminating in April, 1955. Favourable reports of their progress were received through the representative of the British Red Cross Society in Davos and from Dr. R. H. Dobbs, who acts as consultant paediatric adviser to the open air school, who again visited the children on behalf of the Alexandra Fund Trustees. In November two additional asthmatic children were sent to Switzerland under the same arrangements and are reported to be doing well. The real test of the value of this scheme will not be seen until it is possible to assess the permanent improvement of the children some time after their return to England.

The Table on page 24 shows the number of handicapped pupils in the various categories dealt with during the year, and the position as on the 1st December, 1954.

SPECIAL SCHOOLS.

In September, a third class was formed at St. Christopher's School, the day special school for educationally subnormal pupils. While this provided 15 much needed additional places, there are still many children in this category whose needs are not adequately met at the present time. Work on the erection of the new school could not be begun until March, 1955, but it is at last possible to begin compiling a list of children who would benefit from attendance at a special school in the confident hope that it will be available before they are too old for it. In the meantime the problem of the educationally subnormal child has been met, in part, by special classes in the ordinary schools, and by the opening of remedial education centres at Eastwood, Victoria Avenue, Temple Sutton, and Hinguar Street Schools, although these are intended primarily for children whose ability is above special school level.

The open air school for delicate and physically handicapped children completed another successful year. The school provides 120 places most of which were occupied throughout the year, although there is at present no waiting list and it was found

Handicapped Pupils	*(1) Blind (2) Partially sighted.*		*(3) Deaf (4) Partially Deaf.*		*(5) Delicate (6) Physically Handicapped.*		*(7) Educationally sub-normal (8) Maladjusted*		*(9) Epileptic*	*TOTAL (1) - (9)*
	(1)	*(2)*	*(3)*	*(4)*	*(5)*	*(6)*	*(7)*	*(8)*	*(9)*	*(10)*
In the year ended 31st December, 1954:-										
A. Newly placed in Special Schools	1	-	-	2	41	7	19	1	-	71
B. Newly ascertained as requiring special schooling	2	1	-	-	38	3	25	2	-	71
On 1st December, 1954:-										
C. (i) Attending Special Schools.										
(a) Day	-	-	1	-	94	18	46	-	-	159
(b) Boarding	4	7	7	9	2	2	6	2	3	42
(ii) Attending Independent Schools	1	-	-	-	-	1	2	3	-	7
(iii) In Boarding Homes	-	-	-	-	1	-	-	-	-	1
TOTAL	5	7	8	9	97	21	54	5	3	209
D. Receiving Education otherwise than at School.										
(i) In Hospital	-	-	-	-	7	2	-	-	-	9
(ii) In Other Groups	-	-	-	-	7	-	-	-	-	7
(iii) At Home	-	-	-	-	-	7	2	-	-	9
E. Requiring Places in Special Schools.										
(i) Day	-	-	-	-	1	-	24	-	-	25
(ii) Boarding	4	1	-	-	3	7	3	1	-	19

possible to admit a number of children from outside the Borough at the request of the Essex County Council. This is a welcome development; it ensures the fullest and best use of the places in the school, and is in the interest of the children, most of whom attend Southend General Hospital as patients of Dr. Dobbs whose advice is always available to the school medical officer.

OPEN AIR SCHOOL.

The following table shows an analysis of the medical condition of the 137 children who were in attendance during the year:-

	Boys	*Girls*
Asthma	26	12
Bronchiectasis	4	5
Recurrent Respiratory Infections ...	16	10
Recovered Pulmonary Tuberculosis ...	7	3
Recovered Tuberculous Spine	1	-
Recovered Tuberculous Hip	-	1
Tuberculous Pericarditis	1	-
Recovered Tuberculous Meningitis ...	-	1
Tuberculosis Contacts...	3	1
Cerebral Palsy	4	8
Arthrogryposis	1	-
Torticollis	-	1
Lipodystrophy...	-	1
Post-Poliomyelitis	-	1
Friedreich's Ataxia	1	-
Pseudo-hypertrophic Muscular Dystrophy	1	-
Rheumatic Carditis	2	1
Sub-acute Rheumatism	-	2
Congenital Heart Disease	-	2
Still's Disease	1	-
Congenital Dislocation of Hip... ...	-	1
Hypothyroidism	-	1
General Debility	8	5
Spina Bifida	1	1
Diabetes Mellitus	1	-
Cervical Adenitis	1	-
Talipes	1	-
	80	57

The school was opened in 1929 and although its basic design is still well suited to its purpose, there are some features which are now out-dated. The rest-sheds are cheerless structures, with an open-pitch roof, a conrete floor, and open on three sides. They are always draughty and in bad weather become unusable owing to driving rain and condensation. Since the erection of the two new classrooms the school hall cannot accommodate all the children for rest periods until it can be enlarged by the absorption of the adjacent classroom at present occupied by the nursery class. Preliminary consideration has been given to a radical re-planning which would include enclosure of the rest sheds by movable glass screens so that they could be used for a much wider range of school activities. The school is on a sloping site, with some of the classrooms on

a lower level than the main building. The type of child admitted has altered since before the war, and there are now a number whose mobility is very limited, and some who require wheel chairs. The distance between the hall and lavatories and the lower classrooms, although not great, is sufficient for these children to get wet in bad weather, and the case for providing covered ways linking the various buildings is also deserving of examination.

The following table shows the number of children maintained in residential special schools not provided by the Authority.

BLIND AND PARTIALLY SIGHTED.

	Boys	*Girls*
West of England School for the Partially Sighted	1	2
Dorton House, Aylesbury	2	2
Lindon Lodge, Wimbledon	1	-
Blatchington Court School for Partially Sighted Boys	3	-
John Capel Hanbury Hospital Home	-	1
Sunshine Home, East Grinstead	-	1

DEAF AND PARTIALLY DEAF.

	Boys	*Girls*
Royal School for the Deaf, Margate	4	1
Royal Institution for the Deaf, Derby ...	-	1
Royal School for the Deaf & Dumb, Martley Worcester	1	-
Brighton School for the Partially Deaf ...	4	2
Beverley School for the Deaf (Boarded out; to attend as Day Pupil)	1	-
Tewin Water, Herts	1	-
Donnington Lodge for the Deaf	-	2
Hurtwood School	-	1
St. Thomas's, Basingstoke	-	1
Needwood School for the Partially Deaf ...	1	1

EDUCATIONALLY SUBNORMAL.

	Boys	*Girls*
Hassobury	-	1
East Hill House	2	-
Littleton House, Girton	1	-
Monyhull	1	-
Ramsden Hall...	1	-
Sheiling Curative School	1	-
Salmons Cross	1	-
Great Stony School	1	-
Besford Court	1	-
Allerton Priory R.C....	-	1

PHYSICALLY DEFECTIVE AND DELICATE.

	Boys	*Girls*
Hinwick Hall, Wellingborough	1	-
St. Catharine's Home, Ventnor	2	-
St. Monica's Home, Kingsdown	-	1
Collington Manor, Bexhill	1	-
St. Dominic's Open Air School	1	-
Puckle Hill House School	1	-
Hurst Lea School, Kingsgate	1	-

EPILEPTIC

	Boys	*Girls*
Colthurst House	1	-
Chalfont Colony	-	1
Lingfield	1	-

MALADJUSTED

	Boys	Girls
St. Catharine's Home, Almondsbury ...	1	-
Nazeing Park School ...	-	1
Chaigeley School	1	-
Ledston Hall	1	-
Monkton Wyld	-	2
Alresford Place	-	1

NURSERY CLASSES.

The demand for places in nursery classes continues to exceed the available accommodation in the two classes which remain at the Open Air School and Bournemouth Park School. Children are admitted between the ages of three and five years, and so far as is possible, special consideration is given where there are social or medical indications.

The health of the children in the nursery classes has been good. The aggregation of young children must always involve some risk of an increased spread of infectious diseases, but there has been no noteworthy outbreak this year. In general, having regard to the fact that the premises they occupy were not designed for the purpose, the hygienic conditions of the two classes are not unsatisfactory, although the Bournemouth Park Class is handicapped by being virtually integrated with the Infant department of one of the older Primary schools of the Borough. This means that play-space is restricted, the washing and toilet accommodation is inconveniently sited, and it is impossible for the children to sleep outside. Their rest-periods have to be spent indoors in conditions of considerable overcrowding, and the small area of garden available to them is some distance away across the playground. The other class enjoys all the advantages of the regime and situation of an open air school, and it is not uncommon for parents to express regret that their children cannot continue to attend the Open Air School on attaining the age of five years.

TRAINING OF DISABLED PERSONS.

The names of disabled students undertaking courses of training at the Municipal College are supplied to the Principal School Medical Officer, and the students are invited to attend for medical examination under the school health service. This scheme, which has been in operation since 1946, was originally designed before the National Health Service made it easy for persons away from their homes to obtain free medical advice and treatment. Its object was to ensure that the course of training was suited to the student's disability, to afford him advice about how to obtain treatment when necessary, and in appropriate

cases to provide a system of medical follow-up. These arrangements have largely fallen into disuse because most of the students are found to be receiving medical surveillance or treatment either from the hospital service or a general practitioner and in consequence do not avail themselves of the offer of a further medical examination. No students were examined during 1954.

The classes for adults who require elementary instruction in writing and reading continued to be held at the Municipal College. Although the numbers are comparatively small, this has proved to be a most worth-while development. It might reasonably have been expected that a high proportion of these students would lack the determination to pursue a task which they have already found difficult during their school days. In fact the number who drop out during the course is small, and the enthusiasm and persistence of the majority is a tribute to the interest and perseverence of their teachers.

Plans for the development of classes in lip-reading for the hard-of-hearing had to be delayed owing to difficulty in obtaining the services of a trained teacher of the deaf. In October, as there was evidence of a demand for these facilities the Committee's speech therapist, Miss P. Road, undertook the conduct of a class once a week at the Municipal College. Although the teaching of lip-reading is rather specialised work, outside the scope of ordinary speech therapy, these arrangements filled a gap and brought help and encouragement to a group of handicapped persons for whom hitherto there has been no provision.

EMPLOYMENT OF SCHOOL CHILDREN.

There was again a slight increase in the number of children seeking employment outside school hours: 432 children were medically examined, of whom 379 were boys, and 53 girls. There is no evidence that the limited hours of employment permitted have any adverse effect on healthy children. The fact that 79 of the boys and 14 of the girls were grammar school pupils is deserving of note, but the experience of American schools and universities in this respect lends no support to the view that moderate out-of-hours employment is inimical to academic studies.

Only 4 girls were examined for temporary theatrical licences, no doubt because one of the two "live" theatres in the Borough has been closed.

YOUTH EMPLOYMENT SERVICE.

The school leaving reports completed by head teachers for the guidance of the Youth Employment Sub-Committee contain a space for comment on the scholar's health and physique. These are scrutinised by the school medical officer, in conjunction with the pupil's medical record. Any circumstances which might indicate the need for limitations or special care in the choice of employment are thus brought to notice and in appropriate cases a school leaving medical report is provided for the Committee's information. The more seriously handicapped pupils, such as those leaving special schools, are the subject of a more detailed report after medical examination, and this is frequently supplemented by personal consultation between the school medical officer and the youth employment officer. Except in the case of educationally subnormal pupils reported under Section 57 of the Education Act, there is a tendency for handicapped juveniles to be lost sight of by the welfare services when they leave school, and the close link between the Youth Employment and School Health services is most valuable in ensuring that they are given the best start in life.

SCHOOL HYGIENE.

Southend is fortunate in having relatively few unsuitable and out-of-date schools. With the opening of the new Belfairs High Schools 73 per cent of the children in Secondary Modern schools are being educated in buildings less than 30 years old. Most of the problems of hygiene which arise are the consequence not of unsuitable buildings, but of the overcrowding which it is hoped will be only temporary. Thus, in the Primary schools there are still classes being held in improvised accommodation such as church halls, where toilet, washing and cloakroom facilities are less than adequate, and the maintenance of cleanliness is made difficult by the use of the premises for other purposes in the evenings.

Some of the older schools have no medical inspection room, and despite the provisions of the Standards for School Premises Regulations 1954, which require that "suitable accommodation shall be immediately available at any time during school hours for the inspection and treatment of pupils by doctors, dentists and nurses", medical inspections have not infrequently to be postponed because there is no room which can be made available.

The vigorous policy pursued by the Committee since the war, of providing new central kitchens and school canteens, has done much to improve hygienic conditions for the preparation of food for the school meals service, although, as shown earlier in this

report, much remains to be done. This however, is only half the battle for clean food, in which success depends even more upon good supervision and the maintenance of high standards of practical hygiene by all concerned in the preparation and handling of foodstuffs and utensils.

INFECTIOUS DISEASES.

(a) SCARLET FEVER.

The prevalence of this disease which was noted in the autumn term of 1953 continued well into the spring term of 1954. The disease is now usually mild, and is only one of the manifestations of streptococcal infection, but although its severity has lessened - whether temporarily or permanently only time will show - its incidence remains high. Opinions differ on how much importance should be attached to it, and on the efficacy and optimal duration of exclusion, both for patients and contacts. The efficacy of isolation technique in reducing the spread of scarlet fever within the family, however, has been abundantly demonstrated, but in a paradoxical manner. Since the disease became relatively trivial it is no longer taken seriously, home isolation is not practised, and in consequence secondary cases, which used to be rare and were regarded as a reproach, have become quite common. This is but one of the reasons which have engendered caution in deciding whether to abandon contact exclusion and reduce the period of exclusion of patients from school. A lot of school time is lost by these procedures, some of it unnecessarily, but streptococcal infection cannot be lightly dismissed, as is shown by the incidence of otitis media and nephritis, and in the absence of proof that precautions can be safely disregarded it has seemed prudent to relax them slowly.

(b) EPIDEMIC NAUSEA.

Mention was made of this presumed virus infection in the report for 1952. In the autumn term of 1954 the disease appeared again, and this time several schools were affected in different parts of the Borough, the two biggest outbreaks being at Sacred Heart School and West Leigh Junior School. In each case, owing to the sudden onset of gastro-intestinal symptoms in a number of children, suspicion was at first directed to the possibility of food poisoning, but it soon became evident that this was not the explanation. Only some of the affected children had school dinners; only a minority of those taking school dinners became ill; other schools supplied from the same kitchens were not affected. There was a wide diversity in the time of onset of symptoms, cases continued to occur over a period of about a week, and as events progressed it became evident that

other persons in the households of some of the affected children were experiencing similar symptoms. Sonne dysentery was excluded by the clinical picture and by negative results from a number of specimens submitted to the Public Health Laboratory.

The total number of cases is not accurately known; at Sacred Heart School there were 65 known cases between the 21st October when the outbreak began and the 29th October when the school closed for half-term. Sporadic cases were still occurring when the school resumed. The outbreak at West Leigh began even more explosively with 53 cases on the first day and a further 31 on the second day, but had practically ceased by the fourth day.

Adults were affected as well as children, and the following account of the clinical features of the cases at Sacred Heart School is typical of the outbreak as a whole.

> " Nausea and vomiting were present in all cases. The vomiting was usually sudden and uncontrollable; a substantial number of children vomited in class before they could get to the toilet. Only two children and one adult complained of diarrhoea, but specific enquiry on this point was not complete. A few children complained of abdominal pain but this was not a frequent symptom. No accurate information is available on the incidence of pyrexia because practical considerations made a detailed follow-up impossible. There was, however, little constitutional disturbance and it is believed that pyrexia was not a prominent feature of this outbreak. In most cases the duration was short. The majority of children were back in school next day and many experienced only one episode of vomiting. Some children were absent for several days, but in the few cases where enquiry was made at the home it appeared that their return to school was being delayed as a precautionary measure and not because of continuing indisposition. Three children however, had recurrences of vomiting after returning to school, in one case 4 days and in two cases 8 days after the first attack. The general pattern of the outbreak showed an explosive onset, with some 40 cases in the first two days, followed by a smouldering spread through the school, the main impact being on the middle age groups".

(C) TUBERCULOSIS.

Increasing attention has been devoted in recent years to the investigation of contacts of cases of tuberculosis, and reference has been made to this in the last two reports. It is

now our practice to carry out tuberculin test surveys of the class contacts of children found to have tuberculosis if no apparent source of infection in the family circle is found, and also if the child himself could have been infectious to others. In the first case the object is to ascertain whether there is any source of infection in the school, and in the second case to detect any child who may possibly have been infected by the first patient.

Four such surveys were made this year, using the Mantoux test in each case, and the results are shown in the following Table.

	Tested	*Positive*	*Negative*	*% Positive*
Westcliff High School for Boys.	30	2	28	6.6
Westcliff High School for Girls.	87	13	74	14.9
Shoebury High School	62	11	51	17.7
Prince Avenue Junior School.	32	-	32	0.0

With the co-operation of the Consultant Chest Physician, all positive reactors were invited for x-ray examination of the chest. No active focus of tuberculosis was discovered in any of the schools, but the investigations are nevertheless considered to be well worth while. Their weakness is of course that they are not comprehensive; some parents refuse to have their children tested, and without x-raying the entire school, including adults, it is impossible to say that every possible source of infection has been eliminated. This would only be justified on clear evidence of a high incidence of tuberculosis in a school. Experience of mass radiography shows that the x-ray examination of unselected groups of children yields a very low incidence of abnormalities, and the Sub-Committee on Mass Miniature Radiography of the Medical Research Council concludes that "It is considered that it is not worth while to examine for pulmonary tuberculosis alone, by this technique, school children".

B. C. G. VACCINATION.

At the request of the Health Committee, facilities were granted for the carrying out of a programme of B. C. G. Vaccination in all the Secondary schools during the autumn term. Reference to this will be found in the Annual Report of the Medical Officer of Health, and it is sufficient here to deal briefly with the arrangements as they affected the schools.

In accordance with the recommendation of the Ministry of Health, tuberculin testing and B. C. G. vaccination were offered

to all children between the ages of 13 years 6 months and 14 years. An explanatory leaflet incorporating a form of consent was given to the parent of each child. A Medical Officer subsequently visited the school to perform skin tests on those children whose parents had consented, the whole procedure involving three visits comprising two skin tests with different strengths of test material and the third visit for the vaccination of those children who did not react to either skin test.

Children who had received B.C.G. were given a card indicating the fact and containing advice about possible reactions. Children who showed a positive reaction to the skin test and, therefore, did not require B.C.G. were given an explanatory leaflet and were subsequently offered x-ray examination at Lancaster House Chest Clinic by arrangement with the Consultant Physician.

It is hoped to make B.C.G. vaccination a permanent feature, so that in time all children will be offered this protection before they reach school leaving age. As a six-monthly age group is involved, this will necessitate two series of visits to the schools, in the spring and autumn terms respectively. Apart from the interruption of school routine, which has been reduced to a minimum, the complicated administrative arrangements were greatly facilitated by the generous help and enthusiasm of the Heads of the various schools, which contributed in no small measure to the successful acceptance rate of 78.6 per cent. Of 590 children whose parents consented, 546 were tested and 455 received B.C.G. vaccine.

PRIMARY AND SECONDARY SCHOOLS.

RETURN OF MEDICAL INSPECTIONS:- YEAR ENDED 31ST DECEMBER, 1954.

TABLE I

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:-

Entrants ...	...	2,269
Second Age Group	...	2,205
Third Age Group	...	1,646
Number of other Periodic Inspections	...	-
	Total	6,120

B. OTHER INSPECTIONS.

Number of Special Inspections	6,304
Number of Re-Inspections ...	7,780
Total	14,084

C. PUPILS FOUND TO REQUIRE TREATMENT.

Group	*For defective vision (excluding squint)*	*For any of the other conditions recorded in Table IIA*	*Total individual pupils*
(1)	*(2)*	*(3)*	*(4)*
Entrants ...	26	203	227
Second Age Group	106	166	257
Third Age Group	79	162	233
Other Periodic Inspections	-	-	-
Grand Total	211	531	717

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1954

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	171	84	128	5
5	Eyes - (a) Vision ...	211	481	1215	38
	(b) Squint ...	33	91	18	1
	(c) Other ...	89	12	81	7
6	Ears - (a) Hearing...	17	28	40	17
	(b) Otitis Media	3	-	22	1
	(c) Other ...	11	10	65	13
7	Nose or Throat ...	77	506	132	28
8	Speech	10	37	24	4
9	Cervical Glands ...	1	63	16	2
10	Heart and Circulation	-	21	2	2
11	Lungs	12	245	14	9
12	Developmental:-				
	(a) Hernia ...	4	13	1	-
	(b) Other ...	13	143	-	-
13	Orthopaedic:-				
	(a) Posture ...	4	155	3	2
	(b) Flat foot ...	3	69	6	3
	(c) Other ...	44	260	60	7
14	Nervous system:-				
	(a) Epilepsy ...	1	44	1	1
	(b) Other ...	-	-	5	11
15	Psychological:-				
	(a) Development...	3	27	10	4
	(b) Stability ...	3	111	239	2
16	Other	68	259	773	249

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups	No. of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	2269	784	34.6	1478	65.1	7	0.3
Second Age Group ...	2205	829	37.6	1368	62.0	8	0.4
Third Age Group ...	1646	634	38.5	1004	61.0	8	0.5
Other Periodic Inspections	-	-	-	-	-	-	-
Total	6120	2247	36.7	3850	62.9	23	0.4

TABLE III

INFESTATION WITH VERMIN

(I) Total number of examinations in the schools by school nurses or other authorised persons ...	46,195
(II) Total number of individual pupils found to be infested	141

TABLE IV

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

Notes:- (a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e., whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

GROUP I - DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year	
	By the Authority	*Otherwise*
Ringworm - (i) Scalp ...	–	1
(ii) Body ...	2	–
Scabies	13	–
Impetigo	44	6
Other skin diseases	513	12
Total	572	19

GROUP 2 - EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	By the Authority	*Otherwise*
External and other, excluding errors of refraction and squint	167	9
Errors of refraction (including squint)	1003 *	58
Total	1170	67
Number of pupils for whom spectacles were		
(a) Prescribed ...	338 *	–
(b) Obtained ...	215 *	–

* *Including cases dealt with under arrangements with Supplementary Ophthalmic Services.*

GROUP 3 - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	By the Authority	*Otherwise*
Received operative treatment		
(a) for diseases of the ear ...	-	12
(b) for adenoids and chronic tonsillitis ...	-	653
(c) for other nose and throat conditions ...	-	13
Received other forms of treatment	153	11
Total	153	689

GROUP 4 - ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals ...		34
	By the Authority	*Otherwise*
(b) Number treated otherwise, e.g., in clinics or out-patient departments ...	-	102

GROUP 5 - CHILD GUIDANCE TREATMENT

	Number of cases treated	
	In the Authority's Child Guidance Clinics	*Elsewhere*
Number of pupils treated at Child Guidance Clinics ...	227	1

GROUP 6 - SPEECH THERAPY

	Number of cases treated	
	By the Authority	*Otherwise*
Number of pupils treated by Speech Therapist ...	129	-

GROUP 7 - OTHER TREATMENT GIVEN

	Number of cases treated	
	By the Authority	*Otherwise*
(a) Miscellaneous minor ailments ...	816	1478
(b) Orthoptic treatment ...	-	201

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers:-	
(a) Periodic age groups	9,710
(b) Specials	2,662
(c) TOTAL (Periodic and Specials) ...	12,372
(2) Number found to require treatment ...	7,806
(3) Number referred for treatment	7,394
(4) Number actually treated	5,783
(5) Attendances made by pupils for treatment ...	11,249
(6) Half days devoted to:-	
(a) Inspection	49
(b) Treatment	1,148
Total	1,197
(7) Fillings:-	
Permanent Teeth	6,075
Temporary Teeth	343
Total	6,418
(8) Number of teeth filled:-	
Permanent Teeth	5,498
Temporary Teeth	343
Total	5,841
(9) Extractions:-	
Permanent Teeth	1,414
Temporary Teeth	7,174
Total	8,588
(10) Administration of general anaesthetics for extraction	3,777
(11) Other operations:-	
(a) Permanent Teeth	1,678
(b) Temporary Teeth	-
Total	1,678